MARS Outputs

03/29/2016

Output Reports MR-O-001A Medical Assistance Financial Status

General Information

The Medical Assistance Financial Status Report summarizes claims and financial data by benefit program and category of service. Data related to the Medicaid Expansion program (aid category '094') is EXCLUDED from this report. Medicaid Expansion data is not included in the totals reported for Medicaid on the MR-O-001A. Medicaid Expansion data is reported separately on the MR-O-001B report. This report includes only claims where the Aid Category is not equal to '094' and financial transactions / budget amounts where the Budget Program is not equal to '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Category of Service
Control Breaks:	Benefit Program Code

Medical Assistance Financial Status (MR-O-001A)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                                MEDICAL ASSISTANCE FINANCIAL STATUS                           PAGE
RUN DATE: MM/DD/CCYY HH:MM                          MMIS EXPENDITURES REPORT

                  (1)     (2)
BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                 SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END****
          ****CURRENT MONTH*****LAST YEAR   THIS YEAR                          LAST YTD    TOTAL        PROJECT
COS     BUDGET      ACTUAL      ACTUAL      ACTUAL         BUDGET      ACTUAL      ACTUAL   BUDGETED AMT    COST
(3)  (4)
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   ZZ,ZZZ,ZZZ,ZZ9-    (6)    ZZ,ZZZ,ZZZ,ZZ9-      (8)    ZZ,ZZZ,ZZZ,ZZ9-     (10)  ZZ,ZZZ,ZZZ,ZZ9-     (12)  ZZ,ZZZ,ZZZ,
          (5)    ZZ,ZZZ,ZZZ,ZZ9-    (7)    ZZ,ZZZ,ZZZ,ZZ9-      (9)    ZZ,ZZZ,ZZZ,ZZ9-    (11)    ZZ,ZZZ,ZZZ,ZZ9-    (13)
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                                  (1)
** TOTAL BENEFIT PROGRAM CODE: XX        (18)                    (20)                    (22)                    (24)
Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,
        (16)    Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z
                (17)                    (19)                    (21)                    (23)
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Medical Assistance Financial Status (MR-O-001A)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                              MEDICAL ASSISTANCE FINANCIAL STATUS                           PA
RUN DATE: MM/DD/CCYY HH:MM                     MMIS EXPENDITURES SUMMARY REPORT


SUMMARY PAGE - ALL RECORDS


                                 SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END**
          ****CURRENT MONTH******LAST YEAR   THIS YEAR                          LAST YTD    TOTAL        PROJE
COS     BUDGET      ACTUAL        ACTUAL      ACTUAL        BUDGET      ACTUAL      ACTUAL   BUDGETED AMT    COST
                     (1)          (2)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
       (16)   Z,ZZZ,ZZZ,ZZZ,ZZ9-   (18) Z,ZZZ,ZZZ,ZZZ,ZZ9-  (20)   Z,ZZZ,ZZZ,ZZZ,ZZ9-  (22)  Z,ZZZ,ZZZ,ZZZ,ZZ9-   (24)
                        (17)                        (19)                        (21)                    (23)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Medical Assistance Financial Status (MR-O-001A)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:MM/DD/CCYY                                  MEDICAL ASSISTANCE FINANCIAL STATUS                          PAGE
RUN DATE: MM/DD/CCYY HH:MM                             ENCOUNTER DATA REPORT

                  (1)     (2)
BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                 SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END****
          ****CURRENT MONTH*****LAST YEAR   THIS YEAR                              LAST YTD    TOTAL       PROJECTE
COS    BUDGET      ACTUAL      ACTUAL      ACTUAL        BUDGET      ACTUAL      ACTUAL   BUDGETED AMT    COST
(3)  (4)
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   ZZ,ZZZ,ZZZ,ZZ9-     (5)  ZZ,ZZZ,ZZZ,ZZ9-     (8)     ZZ,ZZZ,ZZZ,ZZ9-     (10)  ZZ,ZZZ,ZZZ,ZZ9-     (12)  ZZ,ZZZ,ZZZ,Z
          (6)    ZZ,ZZZ,ZZZ,ZZ9-     (7)    ZZ,ZZZ,ZZZ,ZZ9-     (9)    ZZ,ZZZ,ZZZ,ZZ9-    (11)   ZZ,ZZZ,ZZZ,ZZ9-    (13)
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                                  (1)
** TOTAL BENEFIT PROGRAM CODE: XX       (18)                  (20)                  (22)                  (24)
Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-       Z,ZZZ,ZZZ,ZZZ,ZZ9-       Z,ZZZ,ZZZ,ZZZ,ZZ9-       Z,ZZZ,ZZZ,ZZZ,Z
      (16)    Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-       Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,
                (17)                    (19)                    (21)                    (23)
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Medical Assistance Financial Status (MR-O-001A)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                  MEDICAL ASSISTANCE FINANCIAL STATUS                          PA
RUN DATE: MM/DD/CCYY HH:MM                           ENCOUNTER SUMMARY REPORT


SUMMARY PAGE - ALL RECORDS


                                  SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END**
          ****CURRENT MONTH******LAST YEAR    THIS YEAR                              LAST YTD    TOTAL       PROJE
COS     BUDGET       ACTUAL        ACTUAL      ACTUAL         BUDGET       ACTUAL      ACTUAL   BUDGETED AMT    COST
                      (1)          (2)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
        (16)   Z,ZZZ,ZZZ,ZZZ,ZZ9-  (18)  Z,ZZZ,ZZZ,ZZZ,ZZ9-   (20)  Z,ZZZ,ZZZ,ZZZ,ZZ9-  (22)  Z,ZZZ,ZZZ,ZZZ,ZZ9-  (24)
                      (17)                      (19)                          (21)                          (23)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [DESCRIPTION]	Benefit Definition Plan Short Name	DE3555	
3	COS [Code]	Claim Category of Service	DE2038	
4	COS [Description]	Claim Category of Service Description	DE9921	
5	CURRENT MONTH, BUDGET	MARS Current Budget Amount by Category of Service	DE6031	Amount budgeted for expenditure in the current month: Total remaining budget amount (from Financial)

				divided by 12.
6	CURRENT MONTH, ACTUAL	MARS Payment by Category of Service	DE6234	Actual MARS expenditures for the current month, including claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
7	SAME MO LAST YEAR ACTUAL	MARS Payment by Category of Service	DE6234	Actual expenditures for the same month in the previous year, including claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
8	6 MO AVG THIS YEAR ACTUAL	Calculated	DE0002	Average monthly Medicaid payment for the most recent six months, including the current month = Sum of the previous 5 months actual expenditures plus Current Month Actual (field # 6) divided by 6.
9	FISCAL YEAR-TO-DATE, BUDGET	Calculated	DE0002	Total of budgeted amounts for the current fiscal year to date, including the current month = Sum of the previous monthly budget amounts for the fiscal year plus current month budget amount (field # 5).
10	FISCAL YEAR-TO-DATE, ACTUAL	Calculated	DE0002	Total expenditures for the current fiscal year to date, including the current month = Sum of the previous monthly expenditures for the fiscal year plus current month actual expenditures (field # 6). This amount includes claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
11	FISCAL YEAR-TO-DATE, LAST	Calculated	DE0002	Total year to date expenditures for the

	YTD ACTUAL YEAR			same time period in the previous fiscal year = Sum of the previous fiscal YTD monthly expenditures. Expenditures include claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
12	FISCAL YEAR END, TOTAL BUDGETED AMOUNT	Calculated	DE0002	The total budget amount remaining for the fiscal year (from Financial).
13	FISCAL YEAR END, PROJECTED COST	Calculated	DE0002	Total projected expenditure for the current fiscal year. The projected cost is derived using the following equation: (C x 12 / N) x ((1 + Trend) ^ (12-N)) C = Fiscal YTD Actual (field # 10). N = The number of months over which the total expenditures were paid. Trend = A calculated function of claims paid per period. Refer to MRM300 program specifications for details.
14	VARIANCE (OVER) / UNDER, DOLLARS	Calculated	DE0002	Difference between the fiscal year budgeted amount and the projected total expenditure = FISCAL YEAR END, TOTAL BUDGETED AMOUNT (field # 12) minus FISCAL YEAR END, PROJECTED COST (field #13).
15	VARIANCE (OVER)/UNDER, PCNT	Calculated	DE0002	Variance amount as a percentage of the fiscal year budget amount = VARIANCE DOLLARS (field # 14) divided by FISCAL YEAR END, TOTAL BUDGETED AMOUNT (field # 12) times 100.
16	TOTAL: CURRENT MONTH, BUDGET	Calculated	DE0002	Total of all current month budget amounts in all categories of service for the program.
17	TOTAL: CURRENT MONTH, ACTUAL	Calculated	DE0002	Total of all current month expenditures in all categories of service for the program.
18	TOTAL: SAME MO LAST YEAR	Calculated	DE0002	Total of all monthly expenditures from the same month last year in all cat-

	ACTUAL			egories of service for the program.
19	TOTAL: 6 MO AVG THIS YEAR ACTUAL	Calculated	DE0002	Total of all 6 month average expenditures in all categories of service for the program.
20	TOTAL: FISCAL YEAR-TO-DATE, BUDGET	Calculated	DE0002	Total of all fiscal YTD budget amounts in all categories of service for the program.
21	TOTAL: FISCAL YEAR-TO-DATE, ACTUAL	Calculated	DE0002	Total of all fiscal YTD expenditures in all categories of service for the program.
22	TOTAL: FISCAL YEAR-TO-DATE, LAST YTD ACTUAL	Calculated	DE0002	Total of all fiscal YTD expenditures from the same month last year in all categories of service for the program.
23	TOTAL: FISCAL YEAR END, TOTAL BUDGETED AMT	Calculated	DE0002	Total of all fiscal year end budget amounts in all categories of service for the program.
24	TOTAL: FISCAL YEAR END, PROJECTED COST	Calculated	DE0002	Total of all fiscal year end projected cost amounts in all categories of service for the program.
25	TOTAL: VARIANCE (OVER) / UNDER, DOLLARS	Calculated	DE0002	Total of all variance amounts in all categories of service for the program.
26	TOTAL: VARIANCE (OVER)/UNDER, PCNT	Calculated	DE0002	Average of all variance percentages in all categories of service for the program.

Output Reports MR-O-001B Medical Assistance Financial Status - Medicaid Expansion

General Information

The Medical Assistance Financial Status Report summarizes financial data by benefit program and category of service. Only data related to the Medicaid Expansion program (aid category '094') is included on the MR-O-001B report. Data for all other programs is reported separately on the MR-O-001A report. This report includes only claims where the Aid Category is equal to '094' and financial transactions / budget amounts where the Budget Program is equal to '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Category of Service
Control Breaks:	Benefit Program Code

Medical Assistance Financial Status - Medicaid Expansion (MR-O-001B)

MRM110 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF:MM/DD/CCYY MEDICAL ASSISTANCE FINANCIAL STATUS PAGE N
RUN DATE: MM/DD/CCYY HH:MM MMIS EXPENDITURES REPORT

BENEFIT PROGRAM: 01 MEDICAID EXPANSION

	****CURRENT MONTH*****		SAME MO LAST YEAR	6 MO AVG THIS YEAR	********FISCAL-YEAR-TO-DATE********			****FISCAL YEAR END****	
COS	BUDGET	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	LAST YTD ACTUAL	TOTAL BUDGETED AMT	PROJECTED COST
(3)	(4)								
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-	(6)	ZZ,ZZZ,ZZZ,ZZ9-		(8) ZZ,ZZZ,ZZZ,ZZ9-	(10) ZZ,ZZZ,ZZZ,ZZ9-		(12) ZZ,ZZZ,ZZZ,ZZ	
	(5)	ZZ,ZZZ,ZZZ,ZZ9-	(7)	ZZ,ZZZ,ZZZ,ZZ9-	(9)	ZZ,ZZZ,ZZZ,ZZ9-	(11)	ZZ,ZZZ,ZZZ,ZZ9-	(13)
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
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		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ	
		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-		ZZ,ZZZ,ZZZ,ZZ9-	

(1)
** TOTAL BENEFIT PROGRAM CODE: XX

Z,ZZZ,ZZZ,ZZZ,ZZ9-	(18)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(20)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(22)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(24) Z,ZZZ,ZZZ,ZZZ,ZZ
(16)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(17)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(19)	Z,ZZZ,ZZZ,ZZZ,ZZ9-	(21)	Z,ZZZ,ZZZ,ZZZ,ZZ9- (23) Z,Z

Medical Assistance Financial Status - Medicaid Expansion (MR-O-001B)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                              MEDICAL ASSISTANCE FINANCIAL STATUS                           PA
RUN DATE: MM/DD/CCYY HH:MM                     MMIS EXPENDITURES SUMMARY REPORT


SUMMARY PAGE - ALL RECORDS FOR MEDICAID EXPANSION


                                 SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END**
         ****CURRENT MONTH******LAST YEAR   THIS YEAR                              LAST YTD    TOTAL        PROJE
COS     BUDGET      ACTUAL       ACTUAL      ACTUAL        BUDGET      ACTUAL      ACTUAL   BUDGETED AMT    COST
                     (1)         (2)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
       (16)   Z,ZZZ,ZZZ,ZZZ,ZZ9-   (18) Z,ZZZ,ZZZ,ZZZ,ZZ9-  (20)   Z,ZZZ,ZZZ,ZZZ,ZZ9-  (22)  Z,ZZZ,ZZZ,ZZZ,ZZ9-   (24)
                        (17)                        (19)                        (21)                 (23)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

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             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-
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Medical Assistance Financial Status - Medicaid Expansion (MR-O-001B)

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MRM110                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                  REPORT
AS OF:MM/DD/CCYY                                      MEDICAL ASSISTANCE FINANCIAL STATUS                         PAGE N
RUN DATE: MM/DD/CCYY HH:MM                                  ENCOUNTER DATA REPORT

BENEFIT PROGRAM: 01 MEDICAID EXPANSION

                                               SAME MO     6 MO AVG   *********FISCAL-YEAR-TO-DATE********* ****FISCAL YEAR END****
         ****CURRENT MONTH*****LAST YEAR   THIS YEAR                                     LAST YTD     TOTAL        PROJECTED
COS        BUDGET        ACTUAL      ACTUAL      ACTUAL            BUDGET       ACTUAL       ACTUAL   BUDGETED AMT    COST
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,Z
                ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-
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   ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,Z
                ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-
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   ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,Z
                ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-
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XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-          ZZ,ZZZ,ZZZ,ZZ9-        ZZ,ZZZ,ZZZ,ZZ9-


** TOTAL BENEFIT PROGRAM CODE: XX
Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-          Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,Z
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-          Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,
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Medical Assistance Financial Status - Medicaid Expansion (MR-O-001B)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                MEDICAL ASSISTANCE FINANCIAL STATUS                           PA
RUN DATE: MM/DD/CCYY HH:MM                          ENCOUNTER SUMMARY REPORT


SUMMARY PAGE - ALL RECORDS FOR MEDICAID EXPANSION


                                 SAME MO     6 MO AVG  ********FISCAL-YEAR-TO-DATE******** ****FISCAL YEAR END**
         ****CURRENT MONTH******LAST YEAR   THIS YEAR                            LAST YTD    TOTAL        PROJE
COS     BUDGET      ACTUAL       ACTUAL      ACTUAL        BUDGET      ACTUAL      ACTUAL   BUDGETED AMT    COST
                     (1)         (2)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
        (16)  Z,ZZZ,ZZZ,ZZZ,ZZ9-  (18) Z,ZZZ,ZZZ,ZZZ,ZZ9-   (20)  Z,ZZZ,ZZZ,ZZZ,ZZ9-  (22) Z,ZZZ,ZZZ,ZZZ,ZZ9-  (24)
                     (17)                     (19)                        (21)                      (23)
*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-

*** TOTAL PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZ
             Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-        Z,ZZZ,ZZZ,ZZZ,ZZ9-      Z,ZZZ,ZZZ,ZZZ,ZZ9-
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [DESCRIPTION]	Benefit Definition Plan Short Name	DE3555	
3	COS [Code]	Claim Category of Service	DE2038	
4	COS [Description]	Claim Category of Service Description	DE9921	
5	CURRENT MONTH,	MARS Current Budget Amount by Category of	DE6031	Amount budgeted for expenditure in the current month: Total remaining

	BUDGET	Service		budget amount (from Financial) divided by 12.
6	CURRENT MONTH, ACTUAL	MARS Payment by Category of Service	DE6234	Actual MARS expenditures for the current month, including claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
7	SAME MO LAST YEAR ACTUAL	MARS Payment by Category of Service	DE6234	Actual expenditures for the same month in the previous year, including claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
8	6 MO AVG THIS YEAR ACTUAL	Calculated	DE0002	Average monthly Medicaid payment for the most recent six months, including the current month = Sum of the previous 5 months actual expenditures plus Current Month Actual (field # 6) divided by 6.
9	FISCAL YEAR-TO-DATE, BUDGET	Calculated	DE0002	Total of budgeted amounts for the current fiscal year to date, including the current month = Sum of the previous monthly budget amounts for the fiscal year plus current month budget amount (field # 5).
10	FISCAL YEAR-TO-DATE, ACTUAL	Calculated	DE0002	Total expenditures for the current fiscal year to date, including the current month = Sum of the previous monthly expenditures for the fiscal year plus current month actual expenditures (field # 6). This amount includes claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.

11	FISCAL YEAR-TO-DATE, LAST YTD ACTUAL YEAR	Calculated	DE0002	Total year to date expenditures for the same time period in the previous fiscal year = Sum of the previous fiscal YTD monthly expenditures. Expenditures include claims and selected financial transactions. Expenditures reported on MR-O-001 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the expenditure amount.
12	FISCAL YEAR END, TOTAL BUDGETED AMOUNT	Calculated	DE0002	The total budget amount remaining for the fiscal year (from Financial).
13	FISCAL YEAR END, PROJECTED COST	Calculated	DE0002	Total projected expenditure for the current fiscal year. The projected cost is derived using the following equation: (C x 12 / N) x ((1 + Trend) ^ (12-N)) C = Fiscal YTD Actual (field # 10). N = The number of months over which the total expenditures were paid. Trend = A calculated function of claims paid per period. Refer to MRM300 program specifications for details.
14	VARIANCE (OVER) / UNDER, DOLLARS	Calculated	DE0002	Difference between the fiscal year budgeted amount and the projected total expenditure = FISCAL YEAR END, TOTAL BUDGETED AMOUNT (field # 12) minus FISCAL YEAR END, PROJECTED COST (field #13).
15	VARIANCE (OVER)/UNDER, PCNT	Calculated	DE0002	Variance amount as a percentage of the fiscal year budget amount = VARIANCE DOLLARS (field # 14) divided by FISCAL YEAR END, TOTAL BUDGETED AMOUNT (field # 12) times 100.
16	TOTAL: CURRENT MONTH, BUDGET	Calculated	DE0002	Total of all current month budget amounts in all categories of service for the program.
17	TOTAL: CURRENT MONTH, ACTUAL	Calculated	DE0002	Total of all current month expenditures in all categories of service for the program.

18	TOTAL: SAME MO LAST YEAR ACTUAL	Calculated	DE0002	Total of all monthly expenditures from the same month last year in all categories of service for the program.
19	TOTAL: 6 MO AVG THIS YEAR ACTUAL	Calculated	DE0002	Total of all 6 month average expenditures in all categories of service for the program.
20	TOTAL: FISCAL YEAR-TO-DATE, BUDGET	Calculated	DE0002	Total of all fiscal YTD budget amounts in all categories of service for the program.
21	TOTAL: FISCAL YEAR-TO-DATE, ACTUAL	Calculated	DE0002	Total of all fiscal YTD expenditures in all categories of service for the program.
22	TOTAL: FISCAL YEAR-TO-DATE, LAST YTD ACTUAL	Calculated	DE0002	Total of all fiscal YTD expenditures from the same month last year in all categories of service for the program.
23	TOTAL: FISCAL YEAR END, TOTAL BUDGETED AMT	Calculated	DE0002	Total of all fiscal year end budget amounts in all categories of service for the program.
24	TOTAL: FISCAL YEAR END, PROJECTED COST	Calculated	DE0002	Total of all fiscal year end projected cost amounts in all categories of service for the program.
25	TOTAL: VARIANCE (OVER) / UNDER, DOLLARS	Calculated	DE0002	Total of all variance amounts in all categories of service for the program.
26	TOTAL: VARIANCE (OVER)/UNDER, PCNT	Calculated	DE0002	Average of all variance percentages in all categories of service for the program.

Output Reports MR-O-002 Medical Assistance Program Status

General Information

This report provides information about the status of program activity in three major program areas: recipient participation, provider participation and claims processing. Statistics are reported for the most recent month, as well as same month last year, six month average, and fiscal year to date totals for current and previous years.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	N/A
Control Breaks:	Program Code

Medical Assistance Program Status (MR-O-002)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                             MEDICAL ASSISTANCE PROGRAM STATUS                             PAGE
RUN DATE: MM/DD/CCYY HH:MM

                          (1)    (2)
 BENEFIT PROGRAM CODE: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                  SAME MONTH        LAST SIX        **FISCAL YEAR
                                                   THIS MONTH      LAST YEAR    MONTH AVERAGE        THIS YEAR

 RECIPIENTS  ******************************

(3) NUMBER OF ENROLLEES                            ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-
(4) NUMBER ENROLLEES RECEIVING SERVICE             ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-
(5) PERCENT OF ENROLLEES RECEIVING SERVICE            ZZZ.99%         ZZZ.99%         ZZZ.99%         ZZZ.99%
(6) AVERAGE COST PER PART. RECIPIENT            ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,Z

 PROVIDERS**********************************

(7) NUMBER OF PROVIDERS ENROLLED                   ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-
(8) NUMBER OF PROVIDERS PART.                      ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-     ZZ,ZZZ,ZZ9-
(9) PERCENT OF ENROLLED PROV PART.                    999.99%         999.99%         999.99%         999.99%
(10) TOTAL SERVICE UNITS RENDERED                 ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    Z
(11) AVERAGE SERVICES PER PART. PROV               ZZZ,ZZZ.99-     ZZZ,ZZZ.99-     ZZZ,ZZZ.99-     ZZZ,ZZZ.99-
(12) AVERAGE PAYMENT PER PART. PROV             ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,Z

 CLAIM PROCESSING OPERATIONS*****************

(13) TOTAL CLAIMS PROCESSED                       ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    Z
(14) NUMBER OF CLAIMS PAID                        ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    Z
(15) TOTAL REIMBURSMENT FOR CLMS PAID           ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,Z
(16) TOTAL CLAIMS REJECTED OR DENIED            ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,Z
(17) TOTAL CHARGES FOR CLAIMS REJECTED OR DENIED ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,ZZZ,ZZZ,ZZ9- ZZ,Z

(18) NUM.OF CLMS IN PROCESS(SUSP)AT MTH END       ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-            N/A
     (19) NUMBER PENDED                           ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-            N/A
     (20) NUMBER REJECTED                         ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-            N/A

(21) NUM. OF CLMS SUSPENDED THIS MTH              ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-            N/A
(22) TO CHARGES-CLMS IN PROCESS/MTH END           ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-    ZZZ,ZZZ,ZZ9-            N/A
(23) AVG. DAYS FROM ENTRY TO ADJUDICATION             999.99          999.99          999.99          999.99
(24) PERCENT PAID                                     999.99%         999.99%         999.99%         999.99%
(25) PERCENT DENIED AND REJECTED                      999.99%         999.99%         999.99%         999.99%


(26) *** OTHER FINANCIAL TRANSACTIONS  *************
     EXPENDITURES                               ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZ

(27) BENEFIT PROGRAM TOTAL                      ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZZZ,ZZZ,ZZ9-   ZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	NUMBER OF ENROLLEES	Calculated	DE0002	An unduplicated count of the permanent enrollees eligible within the program on the reporting date.
4	NUMBER OF ENROLLEES RECEIVING SERVICE	Calculated	DE0002	An unduplicated count of the permanent enrollees who had claim payment requests during the report period.
5	PERCENT OF ENROLLEES	Calculated	DE0002	NUMBER OF ENROLLEES RECEIVING SERVICE (field 4)

	RECEIVING SERVICE			divided by NUMBER OF ENROLLEES (field 3) times 100.
6	AVERAGE COST PER PARTICIPATING RECIPIENT	Calculated	DE0002	TOTAL REIMBURSEMENT FOR CLMS PAID (field 15) divided by NUMBER OF ENROLLEES RECEIVING SERVICE (field 4).
7	NUMBER OF PROVIDERS ENROLLED	Calculated	DE0002	An unduplicated count of the base providers eligible within the program on the reporting date. Providers enrolled only in an encounter provider program (02, 03) are not included in the count.
8	NUMBER OF PROVIDERS PART.	Calculated	DE0002	An unduplicated count of the base providers who had at least one paid original claim during the reporting period.
9	PERCENT OF ENROLLED PROV PART.	Calculated	DE0002	NUMBER OF PROVIDERS PART. (field 8) divided by NUMBER OF PROVIDERS ENROLLED (field 7) times 100.
10	TOTAL SERVICE UNITS RENDERED	Calculated	DE0002	Net units on all paid claims for the program. Billed units are reduced by the appropriate cutback / non-covered units (as described below). Original and Debit claim units are positive, Credit and Void claim units are negative. Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
11	AVERAGE SERVICES PER PART. PROVIDER	Calculated	DE0002	TOTAL SERVICE UNITS RENDERED (field 10) divided by NUMBER OF PROVIDERS PART (field 8).
12	AVERAGE PAYMENT PER PARTICIPATING PROVIDER	Calculated	DE0002	TOTAL REIMBURSEMENT FOR CLMS PAID (field 15) divided by NUMBER OF PROVIDERS PART (field 8).
13	TOTAL CLAIMS PROCESSED	Calculated	DE0002	The number of claims processed during the month by the claims processing system. This total includes all

				non-encounter claim payment requests with a status of 1 (paid), 2 (reject), 3 (deny), or 4 (pend), and a modifier of 1 (original), 2 (debit), 3 (credit), or 4 (void).
14	NUMBER OF CLAIMS PAID	Calculated	DE0002	The number of claims paid during the month by the claims processing system. Includes all non-encounter claim payment requests with a status of 1 (paid), and a modifier of 1 (original), 2 (debit), 3 (credit), or 4 (void).
15	TOTAL REIMBURSEMENT FOR CLMS PAID	Calculated	DE0002	The total (net) payment amount for all claims paid during the month. Includes all non-encounter payment requests / claims with claim status 1 (paid), and a claim modifier 1 (original), 2 (debit), 3 (credit), or 4 (void). Original & debit payment amounts are positive, credit & void payment amounts are negative.
16	TOTAL CLAIMS REJECTED OR DENIED	Calculated	DE0002	The number of claims rejected or denied during the month. Includes all non-encounter payment requests / claims with claim status 2 (reject) or 3 (deny).
17	TOTAL CHARGES FOR CLAIMS REJECTED OR DENIED	Calculated	DE0002	The total (net) payment amount for all claims rejected or denied during the month. Includes all non-encounter payment requests / claims with claim status 2 (reject) or 3 (deny).
18	NUM.OF CLMS IN PROCESS(SUSP) AT MTH END	Calculated	DE0002	Sum of NUMBER PENDED (field 19) + NUMBER REJECTED (field 20).
19	NUMBER PENDED	Calculated	DE0002	The number of claims pended at month end. Includes all non-encounter payment requests / claims on the monthly claim extract file with an open status end date and a claim status of 4 (pend).
20	NUMBER REJECTED	Calculated	DE0002	The number of claims pended at month end. Includes all non-encounter payment requests / claims on the monthly claim extract file with an open status end date and a claim status of 2 (reject).

21	NUM. OF CLMS SUSPENDED THIS MTH	Calculated	DE0002	The number of claims pended during the report month. Includes all non-encounter payment requests / claims on the monthly claim extract file with a claim status of 4 (pend), and the status begin date is within the current report month.
22	TO CHARGES-CLMS IN PROCESS/MTH END	Calculated	DE0002	The total billed charges on claims pended or rejected at month end. Includes all non-encounter payment requests / claims on the monthly claim extract file with an open status end date and a claim status of 4 (pend) or 2 (reject).
23	AVG. DAYS FROM ENTRY TO ADJUDICATION	Calculated	DE0002	The average number of days between the date the claim is received by the Fiscal Intermediary and the date the claim is either approved for payment or denied.
24	PERCENT PAID	Calculated	DE0002	The percent of claims paid during the period. NUMBER OF CLAIMS PAID (field 14) divided by TOTAL CLAIMS PROCESSED (field 13) times 100.
25	PERCENT DENIED AND REJECTED	Calculated	DE0002	TOTAL CLAIMS REJECTED OR DENIED (field 16) divided by TOTAL CLAIMS PROCESSED (field 13) times 100.
26	OTHER FINANCIAL TRANSACTIONS - EXPENDITURES	Calculated	DE0002	This amount represents expenditures as a result of Financial Transactions. Expenditures reported on MR-O-002 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the MARS expenditure amount.
27	BENEFIT PROGRAM TOTAL	Calculated	DE0002	OTHER FINANCIAL TRANSACTIONS - EXPENDITURES (field 26) + TOTAL REIMBURSEMENT FOR CLMS PAID (field 15).

Output Reports MR-O-003A Financial Summary

General Information

The MARS Financial Summary Report summarizes budget and expenditure amounts by benefit program and category of service. Data related to the Medicaid Expansion program (aid category '094') is EXCLUDED from this report. Medicaid Expansion data is not included in the totals reported for Medicaid on the MR-O-003A. Medicaid Expansion data is reported separately on the MR-O-003B report. This report includes only claims where the Aid Category is not equal to '094' and financial transactions / budget amounts where the Budget Program is not equal to '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Category of Service
Control Breaks:	Program Code

Financial Summary (MR-O-003A)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO
AS OF: MM/DD/CCYY                                      FINANCIAL SUMMARY                                  PAGE NUME
RUN DATE: MM/DD/CCYY   HH:MM
                        (1)      (2)
BENEFIT PROGRAM CODE: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          LAST
                                                                       SIX MONTH        **FISCAL YEAR TO DATE**
CATEGORY OF SERVICE                    THIS MONTH        LAST YEAR       AVERAGE       THIS YEAR          LAST YEAR
  (3)      (4)
(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(5) BUDGET                           ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
(6) EXPENDITURE                      ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
(7) VARIANCE:$ OVER(-)/ UNDER        ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
(8)          % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
(9) CHARGES IN PROCESS               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
(10)  CHARGES PENDING                ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
(11)  CHARGES REJECTED               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
          % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
          % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
          % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A

TOTAL BENEFIT PROGRAM CODE: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-
          % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-            N/A               N/A               N/A
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM CODE [Description]	Benefit Definition Plan Short Name	DE3555	
3	CATEGORY OF SERVICE [Code]	Claim Category of Service	DE2038	
4	CATEGORY OF SERVICE [Description]	Claim Category of Service Description	DE9921	
5	BUDGET	Calculated	DE0002	Budget - This Month: Total annual budget amount (from Financial tables) divided by 12. Budget - Last Year:

				Total annual budget amount for the previous fiscal year (from Financial tables). Budget - Last Six Month Average: Budget - Sum of 'Budget - This Month' plus monthly budget amounts from previous 6 months (zero) divided by 6. Budget - Fiscal YTD - This Year: Sum of the monthly budget amounts for all months to date in the current fiscal year. Budget - Fiscal YTD - Last Year: Sum of the monthly budget amounts for all months to date in the previous fiscal year. Projected Fiscal Year End: Total annual budget amount (from Financial tables).
6	EXPENDITURE	Calculated	DE0002	Expenditure - This Month: Net claim payments plus net financial transactions for the current reporting month. Expenditure - Last Year: Net claim payments plus net financial transactions for the same reporting month in the previous year. Expenditure - Last Six Month Average: 'Expenditure - This Month' plus monthly expenditure amounts from previous 6 months (zero) divided by 6. Expenditure - Fiscal YTD - This Year: Sum of the monthly expenditure amounts for all months to date in the current fiscal year. Expenditure - Fiscal YTD - Last Year: Sum of the monthly expenditure amounts for all months to date in the previous fiscal year. Expenditure - Projected Fiscal Year End: Trend (Expenditure times 12 divided by number of months) times ((1 plus Trend Value from MRM300) to the power of 12 minus number of months).
7	VARIANCE: $ OVER(-) / UNDER	Calculated	DE0002	Variance Dollars - This Month: 'Budget - This Month' minus 'Expenditure - This Month'. Variance Dollars - Last Year: 'Budget - Last Year' minus 'Expenditure - Last Year'. Variance Dollars - Last Six Month Average: 'Budget - Last Six Month Average' minus 'Expenditure - Last Six Month Aver-

				age'. Variance Dollars - Fiscal YTD This Year: 'Budget - Fiscal YTD This Year' minus 'Expenditure - Fiscal YTD This Year'. Variance Dollars - Fiscal YTD Last Year: 'Budget - Fiscal YTD Last Year' minus 'Expenditure - Fiscal YTD Last Year'. Variance Dollars - Projected Fiscal Year End: 'Budget - Projected Fiscal Year End' minus 'Expenditure - Projected Fiscal Year End'.
8	VARIANCE: % OVER(-) / UNDER	Calculated	DE0002	Variance Percent - This Month: 'Variance Dollars - This Month' divided by 'Budget - This Month' times 100. Variance Percent - Last Year: 'Variance Dollars - Last Year' divided by 'Budget - Last Year' times 100. Variance Percent - Last Six Month Average: 'Variance Dollars - Last Six Month Average' divided by 'Budget - Last Six Month Average' times 100. Variance Percent - Fiscal YTD This Year: 'Variance Dollars - Fiscal YTD This Year' divided by 'Budget - Fiscal YTD This Year' times 100. Variance Percent - Fiscal YTD Last Year: 'Variance Dollars - Fiscal YTD Last Year' divided by 'Budget - Fiscal YTD Last Year' times 100. Variance Percent - Projected Fiscal Year End: 'Variance Dollars - Projected Fiscal Year End' divided by 'Budget - Projected Fiscal Year End' times 100.
9	CHARGES IN PROCESS	Calculated	DE0002	Charges in Process - This Month: 'Charges Pending - This Month' plus 'Charges Rejected - This Month'. Charges in Process - Last Year: 'Charges Pending - Last Year' plus 'Charges Rejected - Last Year'.
10	CHARGES PENDING	Calculated	DE0002	Charges Pending - This Month: Total billed amount for all claims in a pend status at EOM for the current report month. Charges Pending - Last Year: Total billed amount for all claims in a pend status at EOM for the same report month in the previous year.
11	CHARGES	Calculated	DE0002	Charges Rejected - This Month: Total

	REJECTED			billed amount for all claims in a reject status at EOM for the current report month. Charges Rejected - Last Year: Total billed amount for all claims in a reject status at EOM for the same report month in the previous year.

Output Reports MR-O-003B Financial Summary - Medicaid Expansion

General Information

The MARS Financial Summary Report summarizes budget and expenditure amounts by benefit program and category of service. Only data related to the Medicaid Expansion program (aid category '094') is included on the MR-O-003B report. Data for all other programs is reported separately on the MR-O-003A report. This report includes only claims where the Aid Category is equal to '094' and financial transactions / budget amounts where the Budget Program is equal to '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Category of Service
Control Breaks:	Program Code

Financial Summary - Medicaid Expansion (MR-O-003B)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT I
AS OF: MM/DD/CCYY                                     FINANCIAL SUMMARY                                   PAGE NU
RUN DATE: MM/DD/CCYY   HH:MM
                                 (1)          (2)
BENEFIT PROGRAM CODE: XX - XXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          LAST
                                                                       SIX MONTH        **FISCAL YEAR TO DATE**
CATEGORY OF SERVICE                    THIS MONTH        LAST YEAR       AVERAGE       THIS YEAR          LAST YEAR
  (3)      (4)
(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(5)BUDGET                            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
(6)EXPENDITURE                       ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
(7)VARIANCE:$ OVER(-)/ UNDER         ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
(8)         % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99
(9)CHARGES IN PROCESS                ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
(10)  CHARGES PENDING                ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
(11)  CHARGES REJECTED               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
         % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
         % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/

(XXX) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
         % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/

TOTAL BENEFIT PROGRAM CODE: XX - XXXXXXXXXXXXXXXXXXXXXXXXXX

BUDGET                               ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
EXPENDITURE                          ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
VARIANCE:$ OVER(-)/ UNDER            ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ
         % OVER(-)/ UNDER                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99
CHARGES IN PROCESS                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES PENDING                    ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
  CHARGES REJECTED                   ZZ,ZZZ,ZZZ,ZZ9-   ZZ,ZZZ,ZZZ,ZZ9-             N/A               N/A               N/
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM CODE [Description]	Benefit Definition Plan Short Name	DE3555	
3	CATEGORY OF SERVICE [Code]	Claim Category of Service	DE2038	
4	CATEGORY OF SERVICE [Description]	Claim Category of Service Description	DE9921	
5	BUDGET	Calculated	DE0002	Budget - This Month: Total annual budget amount (from Financial tables) divided by 12. Budget - Last Year:

				Total annual budget amount for the previous fiscal year (from Financial tables). Budget - Last Six Month Average: Budget - Sum of 'Budget - This Month' plus monthly budget amounts from previous 6 months (zero) divided by 6. Budget - Fiscal YTD - This Year: Sum of the monthly budget amounts for all months to date in the current fiscal year. Budget - Fiscal YTD - Last Year: Sum of the monthly budget amounts for all months to date in the previous fiscal year. Projected Fiscal Year End: Total annual budget amount (from Financial tables).
6	EXPENDITURE	Calculated	DE0002	Expenditure - This Month: Net claim payments plus net financial transactions for the current reporting month. Expenditure - Last Year: Net claim payments plus net financial transactions for the same reporting month in the previous year. Expenditure - Last Six Month Average: 'Expenditure - This Month' plus monthly expenditure amounts from previous 6 months (zero) divided by 6. Expenditure - Fiscal YTD - This Year: Sum of the monthly expenditure amounts for all months to date in the current fiscal year. Expenditure - Fiscal YTD - Last Year: Sum of the monthly expenditure amounts for all months to date in the previous fiscal year. Expenditure - Projected Fiscal Year End: Trend (Expenditure times 12 divided by number of months) times ((1 plus Trend Value from MRM300) to the power of 12 minus number of months).
7	VARIANCE: $ OVER(-) / UNDER	Calculated	DE0002	Variance Dollars - This Month: 'Budget - This Month' minus 'Expenditure - This Month'. Variance Dollars - Last Year: 'Budget - Last Year' minus 'Expenditure - Last Year'. Variance Dollars - Last Six Month Average: 'Budget - Last Six Month Average' minus 'Expenditure - Last Six Month Aver-

				age'. Variance Dollars - Fiscal YTD This Year: 'Budget - Fiscal YTD This Year' minus 'Expenditure - Fiscal YTD This Year'. Variance Dollars - Fiscal YTD Last Year: 'Budget - Fiscal YTD Last Year' minus 'Expenditure - Fiscal YTD Last Year'. Variance Dollars - Projected Fiscal Year End: 'Budget - Projected Fiscal Year End' minus 'Expenditure - Projected Fiscal Year End'.
8	VARIANCE: % OVER(-) / UNDER	Calculated	DE0002	Variance Percent - This Month: 'Variance Dollars - This Month' divided by 'Budget - This Month' times 100. Variance Percent - Last Year: 'Variance Dollars - Last Year' divided by 'Budget - Last Year' times 100. Variance Percent - Last Six Month Average: 'Variance Dollars - Last Six Month Average' divided by 'Budget - Last Six Month Average' times 100. Variance Percent - Fiscal YTD This Year: 'Variance Dollars - Fiscal YTD This Year' divided by 'Budget - Fiscal YTD This Year' times 100. Variance Percent - Fiscal YTD Last Year: 'Variance Dollars - Fiscal YTD Last Year' divided by 'Budget - Fiscal YTD Last Year' times 100. Variance Percent - Projected Fiscal Year End: 'Variance Dollars - Projected Fiscal Year End' divided by 'Budget - Projected Fiscal Year End' times 100.
9	CHARGES IN PROCESS	Calculated	DE0002	Charges in Process - This Month: 'Charges Pending - This Month' plus 'Charges Rejected - This Month'. Charges in Process - Last Year: 'Charges Pending - Last Year' plus 'Charges Rejected - Last Year'.
10	CHARGES PENDING	Calculated	DE0002	Charges Pending - This Month: Total billed amount for all claims in a pend status at EOM for the current report month. Charges Pending - Last Year: Total billed amount for all claims in a pend status at EOM for the same report month in the previous year.
11	CHARGES	Calculated	DE0002	Charges Rejected - This Month: Total

	REJECTED			billed amount for all claims in a reject status at EOM for the current report month. Charges Rejected - Last Year: Total billed amount for all claims in a reject status at EOM for the same report month in the previous year.

Output Reports MR-O-004 Expenditure Analysis

General Information

The Expenditure Analysis provides information concerning the disbursement of Medicaid funds to support financial planning and Program policy development. A trend indication is associated with each totals figure to quantify the magnitude of change. The report shows the distribution of Program expenditures among the Federal MAS/BOE classifications of Program Eligibles for each category of service within Medicaid (Program 01). . The MR-O-004 report only reports claims for program 01 (Medicaid). Categories of service not related to Medicaid (300, 401, 403, 501, 601, and 701) are not included on this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Classification
Control Breaks:	Category of Service

Expenditure Analysis (MR-O-004)

MRM110 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF:MM/DD/CCYY MEDICAID EXPENDITURE ANALYSIS REPORT PAGE
RUN DATE: MM/DD/CCYY HH:MM

CATEGORY OF SERVICE: (000) REPORT TOTALS

ELIGIBILITY CLASSIFICATION	PAYMENTS TOTAL	PAYMENTS TREND	UNITS OF SERVICE RENDERED TOTAL	UNITS OF SERVICE RENDERED TREND	SERVICE UNITS PER ELIGIBILE AVERAGE	SERVICE UNITS PER ELIGIBILE TREND	DOLLARS COST PE ELIGIBILE AVERAGE	DOLLARS COST PE ELIGIBILE TRE
RECEIVING CASH ASSISTANCE								
3 AGED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
4 BLIND/DISABLED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
5 CHILDREN	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
6 ADULTS	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
7 UNEMPLOYED PARENT - CHILD	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
8 UNEMPLOYED PARENT - ADULT	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
9 FOSTER CARE	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
10 TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-		ZZZ,ZZZ.999-		ZZZ,ZZZ.99-	
MEDICALLY NEEDY								
11 AGED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
12 BLIND/DISABLED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
13 CHILDREN	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
14 ADULTS	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
15 UNEMPLOYED PARENT - CHILD	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
16 UNEMPLOYED PARENT - ADULT	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
17 FOSTER CARE	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
18 TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-		ZZZ,ZZZ.999-		ZZZ,ZZZ.99-	
POVERTY RELATED								
19 AGED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
20 BLIND/DISABLED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
21 CHILDREN	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
22 ADULTS	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
23 UNEMPLOYED PARENT - CHILD	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
24 UNEMPLOYED PARENT - ADULT	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
25 FOSTER CARE	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
26 TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-		ZZZ,ZZZ.999-		ZZZ,ZZZ.99-	
OTHER ELIGIBILITY								
27 AGED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
28 BLIND/DISABLED	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
29 CHILDREN	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
30 ADULTS	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
31 UNEMPLOYED PARENT - CHILD	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
32 UNEMPLOYED PARENT - ADULT	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
33 FOSTER CARE	ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ.99-	+.999	ZZZ,ZZZ.999-	+.999	Z,ZZZ,ZZZ.99-	+.9
34 TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-		ZZZ,ZZZ.999-		ZZZ,ZZZ.99-	
35 TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-					
*** OTHER FINANCIAL TRANSACTIONS(ADD/PAY) ***								
36 EXPENDITURES	ZZZ,ZZZ,ZZZ.99-							
MEDICAID TOTAL	ZZZ,ZZZ,ZZZ.99-		Z,ZZZ,ZZZ,ZZZ.99-					

Expenditure Analysis (MR-O-004)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:MM/DD/CCYY                              MEDICAID EXPENDITURE ANALYSIS                          REPORT PAGE NUMBER:
RUN DATE: MM/DD/CCYY HH:MM
                                  (1)       (2)
 CATEGORY OF SERVICE:   (XXX)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                          UNITS OF SERVICE    SERVICE UNITS PER      DOLLARS COST PER
 ELIGIBILITY                          PAYMENTS                RENDERED            ELIGIBILE              ELIGIBILE
 CLASSIFICATION                   TOTAL       TREND        TOTAL   TREND      AVERAGE    TREND      AVERAGE     TREND

 RECEIVING CASH ASSISTANCE
(3) AGED                      ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(4) BLIND/DISABLED            ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(5) CHILDREN                  ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(6) ADULTS                    ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(7) UNEMPLOYED PARENT - CHILD ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(8) UNEMPLOYED PARENT - ADULT ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(9) FOSTER CARE               ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
   (10) TOTAL                 ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-      ZZZ,ZZZ,ZZZ.999-       ZZZ,ZZZ,ZZZ.99-

 MEDICALLY NEEDY
(11) AGED                     ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(12) BLIND/DISABLED           ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(13) CHILDREN                 ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(14) ADULTS                   ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(15) UNEMPLOYED PARENT - CHILD ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(16) UNEMPLOYED PARENT - ADULT ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(17) FOSTER CARE              ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
   (18) TOTAL                 ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-      ZZZ,ZZZ,ZZZ.999-       ZZZ,ZZZ,ZZZ.99-

 POVERTY RELATED
(19) AGED                     ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(20) BLIND/DISABLED           ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(21) CHILDREN                 ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(22) ADULTS                   ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(23) UNEMPLOYED PARENT - CHILD ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(24) UNEMPLOYED PARENT - ADULT ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(25) FOSTER CARE              ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
   (26) TOTAL                 ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-      ZZZ,ZZZ,ZZZ.999-       ZZZ,ZZZ,ZZZ.99-

 OTHER ELIGIBILITY
(27) AGED                     ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(28) BLIND/DISABLED           ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(29) CHILDREN                 ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(30) ADULTS                   ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(31) UNEMPLOYED PARENT - CHILD ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(32) UNEMPLOYED PARENT - ADULT ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
(33) FOSTER CARE              ZZZ,ZZZ,ZZZ.99-   +.999 ZZ,ZZZ,ZZZ.99-  +.999ZZ,ZZZ,ZZZ.999-   +.999 Z,ZZZ,ZZZ.99-   +.999
   (34) TOTAL                 ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-      ZZZ,ZZZ,ZZZ.999-       ZZZ,ZZZ,ZZZ.99-

(35) TOTAL                    ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-

 *** OTHER FINANCIAL
     TRANSACTIONS(ADD/PAY) ***
(36) EXPENDITURES             ZZZ,ZZZ,ZZZ.99-

(37) CATEGORY OF SERVICE TOTAL ZZZ,ZZZ,ZZZ.99-      Z,ZZZ,ZZZ,ZZZ.99-
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CATEGORY OF SERVICE	Claim Category of Service	DE2038	
2	CATEGORY OF SERVICE [Description]	Claim Category of Service Description	DE9921	
3	RECEIVING CASH ASSISTANCE - AGED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = '1' and the Aid Category

				Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '1'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '1'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
4	RECEIVING CASH ASSISTANCE - BLIND\DISABLED	Calculated	DE0002	Includes all claims for the Category of

				Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '2'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '2'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

5	RECEIVING CASH ASSISTANCE - CHILDREN	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '3'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '3'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

6	RECEIVING CASH ASSISTANCE - ADULTS	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '4'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '4'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

7	RECEIVING CASH ASSISTANCE - UNEMPLOYED PARENT - CHILD	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '5'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '5'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

8	RECEIVING CASH ASSISTANCE - UNEMPLOYED PARENT - ADULT	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '6'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '6'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '6'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

9	RECEIVING CASH ASSISTANCE - FOSTER CARE	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '7'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '7'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘1’ and Basis of Eligibility (DE3308/3310) = '7'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.

10	RECEIVING CASH ASSISTANCE TOTAL	Calculated	DE0002	Sum of all amounts within the Receiving Cash Assistance MAS: PAYMENTS: TOTAL - Aged Total Payments + Blind/Disabled Total Payments + Children Total Payments + Adults Total Payments + Unemployed Parent (Child) Total Payments + Unemployed Parent (Adult) Total Payments + Foster Care Total Payments UNITS: TOTAL - Aged Total Units + Blind/Disabled Total Units + Children Total Units + Adults Total Units + Unemployed Parent (Child) Total Units + Unemployed Parent (Adult) Total Units + Foster Care Total Units: AVERAGE - Aged Average Units + Blind/Disabled Average Units + Children Average Units + Adults Average Units + Unemployed Parent (Child) Average Units + Unemployed Parent (Adult) Average Units + Foster Care Average Units PAYMENTS: AVERAGE - Aged Average Payments + Blind/Disabled Average Payments + Children Average Payments + Adults Average Payments + Unemployed Parent (Child) Average Payments + Unemployed Parent (Adult) Average Payments + Foster Care Average Payments
11	MEDICALLY NEEDY - AGED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 pro-

				gram specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '1'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '1'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
12	MEDICALLY NEEDY - BLIND\DISABLED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indic-

				ating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '2'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '2'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
13	MEDICALLY NEEDY - CHILDREN	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated

				as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '3'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '3'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
14	MEDICALLY NEEDY - ADULTS	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and mod-

				ifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '4'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '4'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
15	MEDICALLY NEEDY - UNEMPLOYED PARENT - CHILD	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of

				Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '5'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '5'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
16	MEDICALLY NEEDY - UNEMPLOYED PARENT - ADULT	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) =

				'6'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '6'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '6'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
17	MEDICALLY NEEDY - FOSTER CARE	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code

				(DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '7'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '7'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘2’ and Basis of Eligibility (DE3308/3310) = '7'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
18	MEDICALLY NEEDY - TOTAL	Calculated	DE0002	Sum of all amounts within the Med-

				ically Needy MAS: PAYMENTS: TOTAL - Aged Total Payments + Blind/Disabled Total Payments + Children Total Payments + Adults Total Payments + Unemployed Parent (Child) Total Payments + Unemployed Parent (Adult) Total Payments + Foster Care Total Payments UNITS: TOTAL - Aged Total Units + Blind/Disabled Total Units + Children Total Units + Adults Total Units + Unemployed Parent (Child) Total Units + Unemployed Parent (Adult) Total Units + Foster Care Total Units: AVERAGE - Aged Average Units + Blind/Disabled Average Units + Children Average Units + Adults Average Units + Unemployed Parent (Child) Average Units + Unemployed Parent (Adult) Average Units + Foster Care Average Units PAYMENTS: AVERAGE - Aged Average Payments + Blind/Disabled Average Payments + Children Average Payments + Adults Average Payments + Unemployed Parent (Child) Average Payments + Unemployed Parent (Adult) Average Payments + Foster Care Average Payments
19	POVERTY RELATED - AGED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS

				OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '1'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '1'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
20	POVERTY RELATED - BLIND/DISABLED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to

				prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '2'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '2'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
21	POVERTY RELATED - CHILDREN	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS:

				TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '3'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '3'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
22	POVERTY RELATED - ADULTS	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits &

				Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '4'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '4'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
23	POVERTY RELATED - UNEMPLOYED PARENT - CHILD	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023)

				where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '5'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '5'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
24	POVERTY RELATED - UNEMPLOYED PARENT - ADULT	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '6'. Report fields are calculated as fol-

				lows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '6'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '6'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
25	POVERTY RELATED - FOSTER CARE	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category

				Basis of Eligibility (DE3308/3310) = '7'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '7'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘3’ and Basis of Eligibility (DE3308/3310) = '7'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
26	POVERTY RELATED - TOTAL	Calculated	DE0002	Sum of all amounts within the Poverty Related MAS: PAYMENTS: TOTAL - Aged Total Payments + Blind/Dis-

				abled Total Payments + Children Total Payments + Adults Total Payments + Unemployed Parent (Child) Total Payments + Unemployed Parent (Adult) Total Payments + Foster Care Total Payments UNITS: TOTAL - Aged Total Units + Blind/Disabled Total Units + Children Total Units + Adults Total Units + Unemployed Parent (Child) Total Units + Unemployed Parent (Adult) Total Units + Foster Care Total Units: AVERAGE - Aged Average Units + Blind/Disabled Average Units + Children Average Units + Adults Average Units + Unemployed Parent (Child) Average Units + Unemployed Parent (Adult) Average Units + Foster Care Average Units PAYMENTS: AVERAGE - Aged Average Payments + Blind/Disabled Average Payments + Children Average Payments + Adults Average Payments + Unemployed Parent (Child) Average Payments + Unemployed Parent (Adult) Average Payments + Foster Care Average Payments
27	OTHER ELIGIBILITY - AGED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4.

				Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '1'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '1'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
28	OTHER ELIGIBILITY - BLIND\DISABLED	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units

				(DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '2'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '2'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
29	OTHER ELIGIBILITY - CHILDREN	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 pro-

				gram specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '3'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '3'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
30	OTHER ELIGIBILITY - ADULTS	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indic-

				ating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '4'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '4'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
31	OTHER ELIGIBILITY - UNEMPLOYED PARENT - CHILD	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated

				as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '5'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '5'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
32	OTHER ELIGIBILITY - UNEMPLOYED PARENT - ADULT	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '6'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and mod-

				ifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '6'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '6'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
33	OTHER ELIGIBILITY - FOSTER CARE	Calculated	DE0002	Includes all claims for the Category of Service (DE2038) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '7'. Report fields are calculated as follows: PAYMENTS: TOTAL - Sum of

				Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. PAYMENTS: TREND - A calculated function indicating the trend in payment in relation to prior months. Refer to MRM300 program specifications for details. UNITS OF SERVICE: TOTAL - Sum of Units (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = 1, 2, 3, or 4. Credits & Voids (claim status 3 & 4) are treated as negative amounts. UNITS OF SERVICE: TREND - A calculated function indicating the trend in units in relation to prior months. Refer to MRM300 program specifications for details. UNITS PER ELIGIBLE: AVERAGE - Units of Service: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '7'. UNITS PER ELIGIBLE: TREND - A calculated function indicating the trend in units per eligible in relation to prior months. Refer to MRM300 program specifications for details. DOLLARS PER ELIGIBLE: AVERAGE - Payments: Total divided by the number of enrollees eligible in an Aid Category with Money Payment Status code (DE3306) = ‘4’ and Basis of Eligibility (DE3308/3310) = '7'. DOLLARS PER ELIGIBLE: TREND - A calculated function indicating the trend in payment per eligible in relation to prior months. Refer to MRM300 program specifications for details.
34	OTHER ELIGIBILITY - TOTAL	Calculated	DE0002	Sum of all amounts within the Other Eligibility MAS: PAYMENTS: TOTAL - Aged Total Payments + Blind/Disabled Total Payments + Children Total Payments + Adults Total Payments + Unemployed Parent (Child) Total Pay-

				ments + Unemployed Parent (Adult) Total Payments + Foster Care Total Payments UNITS: TOTAL - Aged Total Units + Blind/Disabled Total Units + Children Total Units + Adults Total Units + Unemployed Parent (Child) Total Units + Unemployed Parent (Adult) Total Units + Foster Care Total Units: AVERAGE - Aged Average Units + Blind/Disabled Average Units + Children Average Units + Adults Average Units + Unemployed Parent (Child) Average Units + Unemployed Parent (Adult) Average Units + Foster Care Average Units PAYMENTS: AVERAGE - Aged Average Payments + Blind/Disabled Average Payments + Children Average Payments + Adults Average Payments + Unemployed Parent (Child) Average Payments + Unemployed Parent (Adult) Average Payments + Foster Care Average Payments
35	TOTAL	Calculated	DE0002	Totals for all eligibility classifications within the Category of Service.
36	OTHER FINANCIAL TRANSACTIONS (ADD/PAY)	Calculated	DE0002	The total Financial Transactions for the COS. Financial Transactions reported on MR-O-004 are the same as the MARS Expenditures reported on MR-O-067. Refer to the documentation for MR-O-067 for complete details about the calculation of the Financial Transactions / Expenditures amount.
37	CATEGORY OF SERVICE TOTAL	Calculated	DE0002	Sum of the total for each MAS plus the COS Other Financial Transactions amount. COS Total = Receiving Cash Assistance Total + Medically Needy Total + Poverty Related Total + Other Eligibility Total + Other Financial Transactions

Output Reports MR-O-005 Medicare Participation Analysis

General Information

The Medicare Participation Analysis is designed to provide information about the relationship between Medicaid and Medicare recipients who are eligible for both programs. Through this report, the respective expenditures of each program for Medicaid-Medicare recipients are determined, including a break out of costs for both Part A and Part B covered services. Because many aspects of the Medicaid-Medicare interface are dictated by Federal legislation, the Medicare Participation Analysis is more of an information report than a management report. While the interaction between the programs is strictly defined, two areas do require monitoring. These include the accountability for Medicare crossover claims and the timely identification and maintenance of appropriate Medicare eligibility status within the Medicaid system.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
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Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Participation Analysis (MR-O-005)

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MRM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
AS OF: MM/DD/CCYY                                MEDICAL ASSISTANCE FINANCIAL STATUS                          PAGE NUME
RUN DATE: MM/DD/CCYY  HH:MM

                                                                  SAME MONTH        LAST SIX     *------ FISCAL YEAR TO
                                                THIS MONTH         LAST YEAR      MONTH AVERAGE        THIS YEAR
TOTAL ELIGIBLES FOR MEDICAID & MEDICARE        ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9              N/A

*****PART-A              **************

NUMBER OF PART-A CLAIMS RECEIVED               ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9
TOTAL CHARGES FOR PART-A CLMS PENDED         ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99            N/A
TOTAL CHARGES FOR PART-A CLMS REJECTED       ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99            N/A

TOTAL MEDICAID PMTS FOR PART-A CLAIMS        ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
TOTAL MEDICARE PMTS FOR PART-A CLAIMS        ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ

RECIPS 65/OLDER NOT ELIG FOR PART-A            ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9              N/A
BUYIN PREMIUMS CATEGEGORICALLY NEEDY PART-AZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ

MEDICAID EXPENDITURES AS % OF TOTAL                ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
PMTS MADE FOR MEDICAID/MEDICARE ELIG

*****PART-B              **************

NUMBER OF PART-B CLAIMS RECEIVED               ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9
TOTAL CHARGES FOR PART-B CLMS PENDED         ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
TOTAL CHARGES FOR PART-B CLMS REJECTED       ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99            N/A

TOTAL MEDICAID PMTS FOR PART-B CLAIMS        ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
TOTAL MEDICARE PMTS FOR PART-B CLAIMS        ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ

RECIPS 65/OLDER NOT ACCRETED                   ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9              N/A
BUYIN PREMIUMS CATEGEGORICALLY NEEDY PART-BZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
BUYIN PREMIUMS MEDICALLY       NEEDY PART-BZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ

TOTAL MEDICAID PMTS AS % OF TOTAL                  ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
MEDICARE AND MEDICAID PMTS ON BEHALF
OF MEDICAID-MEDICARE ELIGIBLES

BUYIN PREMIUMS AS A %OF MEDICARE                   ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%
PART B PAYMENTS

*****PART-A  &  PART-B   **************
TOTAL MEDICAID EXPENDITURES FOR              ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
MEDICAID-MEDICARE ELIGIBLES

TOTAL PMTS BY MEDICARE AND MEDICAID ON       ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZZ,ZZZ,ZZ9.99    ZZ
BEHALF OF MEDICAID-MEDICARE ELIGIBLES      (21)

TOTAL MEDICAID EXPENDITURES FOR                    ZZZ.99%           ZZZ.99%           ZZZ.99%           ZZZ.99%

MEDICAID-MEDICARE ELIGIBLES AS A % OF
TOTAL PAYMENTS ON BEHALF OF
MEDICAID-MEDICARE ELIGIBLES
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL ELIGIBLES FOR MEDICAID & MEDICARE	MARS Number Recipients eligible for Medicare	DE6286	Unduplicated count of enrollees eligible for both Medicaid (benefit program = '01') and Medicare (TPL Coverage Code = 'A', 'B',' Y', 'Z') during the reporting period.
2	NUMBER OF PART A CLAIMS RECEIVED	Calculated	DE0002	The number of Medicare Part A crossover claims (form type = 'XOVA' and status = '1', '2', '3', '4') received during the reporting period.
3	TOTAL CHARGES FOR PART-A CLMS PENDED	Calculated	DE0002	The total billed charges for all Medicare Part A crossover claims (form type = 'XOVA') pended (status =

				'4') during the reporting period.
4	TOTAL CHARGES FOR PART-A CLMS REJECTED	Calculated	DE0002	The total billed charges for all Medicare Part A crossover claims (form type = 'XOVA') rejected (status = '2') during the reporting period.
5	TOTAL MEDICAID PMTS FOR PART-A CLAIMS	Calculated	DE0002	The total Medicaid payment amount for all Part-A crossover claims (form type = 'XOVA') paid (status = '1') during the reporting period.
6	TOTAL MEDICARE PMTS FOR PART-A CLAIMS	MARS Medicare Part A Payment	DE6297	The total Medicare payment amount (DE#2254) for all Part-A crossover claims (form type = 'XOVA') received (status = '1', '2', '3', '4') during the reporting period.
7	RECIP 65/OLDER NOT ELIGIBLE FOR PART-A	Calculated	DE0002	Unduplicated count of enrollees whose age is greater than or equal to 65, and who do not have Medicare Part A coverage (TPL Coverage Code = 'A', 'Y').
8	BUYIN PREMIUMS CATEGEORICALLY NEEDY PART-A	Calculated	DE0002	Total Buyin Premiums for Categorically Needy Part A enrollees. This is a sum of the financial transactions for the reporting period where the Financial Reason Code = '9203' and the Financial Object Code = '123701'.
9	MEDICAID EXPENDITURES AS % OF TOTAL PMTS MADE FOR MEDICAID/MEDICARE ELIG	Calculated	DE0002	TOTAL MEDICAID PMTS FOR PART-A CLAIMS (field 5) divided by [TOTAL MEDICAID PMTS FOR PART-A CLAIMS (field 5) plus TOTAL MEDICARE PMTS FOR PART-A CLAIMS (field 6)] times 100.
10	NUMBER OF PART-B CLAIMS RECEIVED	Calculated	DE0002	The number of Medicare Part B crossover claims (form type = 'XOVB' and status = '1', '2', '3', '4') received during the reporting period.
11	TOTAL CHARGES FOR PART-B CLMS PENDED	Calculated	DE0002	The total billed charges for all Medicare Part B crossover claims (form type = 'XOVB') pended (status = '4') during the reporting period.
12	TOTAL CHARGES FOR PART-B CLMS REJECTED	Calculated	DE0002	The total billed charges for all Medicare Part B crossover claims (form type = 'XOVA') rejected (status =

				'2') during the reporting period.
13	TOTAL MEDICAID PMTS FOR PART-B CLAIMS	Calculated	DE0002	The total Medicaid payment amount for all Part-B crossover claims (form type = 'XOVB') paid (status = '1') during the reporting period.
14	TOTAL MEDICARE PMTS FOR PART-B CLAIMS	Calculated	DE0002	The total Medicare payment amount (DE#2254) for all Part-B crossover claims (form type = 'XOVB') received (status = '1', '2', '3', '4') during the reporting period.
15	RECIPIENTS 65/OLDER NOT ACCRETED	Calculated	DE0002	Unduplicated count of enrollees whose age is greater than or equal to 65, and who do not have Medicare Part B coverage (TPL Coverage Code = 'B', 'Z').
16	RECIPIENTS BOUGHT IN FOR PART-B	Calculated	DE0002	Unduplicated count of enrollees who have Medicare Part B coverage (TPL Coverage Code = 'B', 'Z').
17	BUYIN PREMIUMS-CATEGORICALLY NEEDY PART-B	Calculated	DE0002	Total Buyin Premiums for Categorically Needy Part B enrollees. This is a sum of the financial transactions for the reporting period where the Financial Reason Code = '9203' and the Financial Object Code = '123702'.
18	BUYIN PREMIUMS-MEDICALLY NEEDY PART-B	Calculated	DE0002	Total Buyin Premiums for Medically Needy Part-A enrollees. This is a sum of the financial transactions for the reporting period where the Financial Reason Code = '9203' and the Financial Object Code = '123703'.
19	TOTAL MEDICAID PAYMENTS AS % OF TOTAL MEDICARE AND MEDICAID PMTS ON BEHALF OF MEDICAID-MEDICARE ELIGIBLES	Calculated	DE0002	TOTAL MEDICAID PMTS FOR PART-B CLAIMS (field 13)] divided by [TOTAL MEDICAID PMTS FOR PART-B CLAIMS (field 13) plus TOTAL MEDICARE PMTS FOR PART-B CLAIMS (field 14)] times 100.
20	BUY-IN PREMIUMS AS A % OF MEDICARE PART-B PAYMENTS	Calculated	DE0002	[BUYIN PREMIUMS-CATEGORICALLY NEEDY PART-B (field 17) plus BUYIN PREMIUMS-MEDICALLY NEEDY

				PART-B (field 18)] divided by TOTAL MEDICARE PAYMENTS FOR PART-B CLAIMS (field 14) times 100.
21	TOTAL MEDICAID EXPENDITURES FOR MEDICAID-MEDICARE ELIGIBLES	Calculated	DE0002	TOTAL MEDICAID PMTS FOR PART-A CLAIMS (field 5) plus TOTAL MEDICAID PMTS FOR PART-B CLAIMS (field 13) plus BUYIN PREMIUMS-CATEGORICALLY NEEDY PART-B (field 17) plus BUYIN PREMIUMS-MEDICALLY NEEDY PART-B (field 18).
22	TOTAL PMTS BY MEDICARE AND MEDICAID ON BEHALF OF MEDICAID-MEDICARE ELIGIBLES	Calculated	DE0002	TOTAL MEDICAID PMTS FOR PART-A CLAIMS (field 5) plus TOTAL MEDICAID PMTS FOR PART-B CLAIMS (field 13) plus BUYIN PREMIUMS-CATEGORICALLY NEEDY PART-B (field 17) plus BUYIN PREMIUMS-MEDICALLY NEEDY PART-B (field 18) plus TOTAL MEDICARE PMTS FOR PART-A CLAIMS (field 6) plus TOTAL MEDICARE PMTS FOR PART-B CLAIMS (field 14).
24	TOTAL MEDICAID EXPENDITURES FOR MEDICAID-MEDICARE ELIGIBLES AS A % OF TOTAL PAYMENTS ON BEHALF OF MEDICAID-MEDICARE ELIGIBLES	Calculated	DE0002	Total Medicaid Expenditures (field 21) divided by Total Medicaid & Medicare Expenditures (field 22) times 100.

Output Reports MR-O-006 Provider Participation Summary

General Information

The Provider Participation Summary Report provides program management with data pertaining to provider activity by provider type. These summary statistics are presented by time periods as an aid to interpreting the general trend of provider activity. The percent of providers participating in the program provides a clear indication of the trend in provider participation while the eligible recipients per participating provider serves as an indication of the availability of and accessibility to medical services.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type
Control Breaks:	Benefit Program Code Provider Type

Provider Participation Summary (MR-O-006)

```
MRM080                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MMMMMMMM,CCYY                                      PROVIDER PARTICIPATION SUMMARY
RUN DATE: MM/DD/CCYY HH:MM
BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  (1)           (2)                   SAME MO            6 MO AVG         *FISCAL YEAR-
PROVIDER TYPE                                 THIS MONTH      LAST YR          THIS YR          THIS YR
 (3)           (4)
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ

    TOTAL BENEFIT PROGRAM  XX
NUMBER OF PROVIDERS ENROLLED                 ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING            ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
PERCENT OF PROVIDERS PARTICIPATING           ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99%  ZZZ,ZZZ,ZZ9.99
CLAIMS PAID PER PARTICIPATING PROVIDER       ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
ELIGIBLES PER PARTICIPATING PROVIDER         ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ9  ZZZ,ZZZ,ZZZ,ZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE [Code]	Provider Type	DE4006	
4	PROVIDER TYPE [Description]	Provider Type Description	DE4296	
5	NUMBER OF PROVIDERS ENROLLED	Calculated	DE0002	An unduplicated count of the base providers eligible within the program on the reporting date. Providers enrolled only in an encounter provider program

				(02, 03) are not included in the count.
6	NUMBER OF PROVIDERS PARTICIPATING	Calculated	DE0002	An unduplicated count of the base providers with claim payment requests during the report period.
7	PERCENT OF PROVIDERS PARTICIPATING	Calculated	DE0002	NUMBER OF PROVIDERS PARTICIPATING (field 6) divided by NUMBER OF PROVIDERS ENROLLED (field 5) times 100.
8	CLAIMS PAID PER PARTICIPATING PROVIDER	Calculated	DE0002	Number of claim payment requests divided by NUMBER OF PROVIDERS PARTICIPATING (field 6) times 100.
9	ELIGIBLES PER PARTICIPATING PROVIDER	Calculated	DE0002	Unduplicated count of permanent enrollees from claim payment requests divided by NUMBER OF PROVIDERS PARTICIPATING (field 6) times 100.

Output Reports MR-O-008 Operation Performance Summary

General Information

The Operation Performance Summary Report is designed to summarize key information reflecting the current status of activities concerning the receipt, process, and approval for payment of provider submitted claims. The report is intended for upper management in order that they may evaluate the performance of the claims processing operations. This report, in particular, is designed to examine the error rate and the average time required for claim approval. Management is continually concerned with achieving a minimum error rate and a rapid turnover in the claim suspense file in order to increase processing efficiency and decrease claim handling costs. This increased processing efficiency reduces the time elapsed between rendering the service and receiving payment and, ultimately, both increases provider satisfaction with the Program and facilitates State Agency budget planning.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Program Code Category of Service
Control Breaks:	Program Code Category of Service

Operation Performance Summary (MR-O-008)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:mm/dd/ccyy                                OPERATION PERFORMANCE SUMMARY                               PA
RUN DATE: mm/dd/ccyy hh:mm          (2)
 BENEFIT PROGRAM : XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CATEGORY OF SERVICE:   (1)                                  SAME MONTH     LAST SIX            *-------FISCA
  (3)            (4)                          THIS MONTH      LAST YEAR    MONTH AVERAGE   TREND       THIS YE
 (999)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(5) TOT CLMS PROCD                        Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999    Z,ZZZ,ZZZ,
(12)  TOT NUMBER OF EMC CLMS              Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(13)  TOT NUMBER OF PAPER CLMS            Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(6) CLAIMS IN PROCESS AT MONTH END        Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(7)   CLAIMS PENDED AT MONTH END          Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(8)   CLAIMS REJECTED AT MONTH END        Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(9) CLMS IN PROC.AT START OF MTH          Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(10)CLMS RECEIVED DURING THE MTH          Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(11)CLEAN CLAIMS COUNT                    Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-   Z,ZZZ,ZZZ,ZZ9-  +.999            N/
(14)TOT AMOUNT PAID                     Z,ZZZ,ZZZ,ZZ9.99-Z,ZZZ,ZZZ,ZZ9.99-Z,ZZZ,ZZZ,ZZ9.99-  +.999 Z,ZZZ,ZZZ,ZZ9
    TOT CHRGE AMOUNT OF CLMS IN
(15)PROCESS AT MONTH END                Z,ZZZ,ZZZ,ZZ9.99-Z,ZZZ,ZZZ,ZZ9.99-Z,ZZZ,ZZZ,ZZ9.99-  +.999            N/
(16)PERCENT APPROVED                              ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(17)PERCENT APPROVED WITHOUT SUSPENSION           ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(18)% DENIED AND REJECTED                         ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(19)PERCENT CHANGE IN SUSPENSE FILE               ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
    # OF CLMS IN PROCESS AT MTH END
    AS A PERCENT OF TOTAL CLAIMS
(20)RECEIVED THIS MONTH                           ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A            N/
(21)AVERAGE ERROR PER CLAIM                       ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(22)AVERAGE DAYS - SERVICE DATE TO ENTRY          ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(23)AVERAGE DAYS - ENTRY DATE TO ADJUD.           ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(24)AVERAGE DAYS - ENTRY DATE TO PAY              ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
(25)AVERAGE DAYS - ADJUDICATED TO PAY             ZZ9.99%          ZZ9.99%          ZZ9.99%     N/A          ZZ9.
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	STATE CATEGORY OF SERVICE	Claim Category of Service	DE2038	
4	STATE COS DESCRIPTION	Claim Category of Service Description	DE9921	
5	TOTAL CLAIMS PROCESSED	Calculated	DE0002	The number of claims processed by the claims processing system. This count includes new claims received during the month plus claims released from the suspense file. This is a net claim count.
6	CLAIMS IN PROCESS AT	MARS Claims In-Process by Category of	DE6169	The number of claims in the suspense file (those pended and rejected) at the

	MONTH END	Service		end of the month.
7	CLAIMS PENDED AT MONTH END	Calculated	DE0002	Number of claims in a pended status at month end.
8	CLAIMS REJECTED AT MONTH END	Calculated	DE0002	Number of claims in a reject status at month end.
9	CLAIMS IN PROCESS AT START OF THE MONTH	MARS Claims In-Process by Category of Service	DE6169	Claims in Process at Start of Month
10	NEW CLAIMS RECEIVED DURING THE MONTH	MARS Claims Received by Category of Service	DE6201	New Claims Received During the Month
11	CLEAN CLAIM COUNT	Calculated	DE0002	The number of claims which were processed without errors.
12	TOTAL EMC CLAIMS	MARS Total EMC Claim Counts	DE6225	Total number of EMC claims processed.
13	TOTAL PAPER CLAIMS	MARS Total PAPER Claim Counts	DE6226	Total number of paper claims processed.
14	TOTAL AMOUNT PAID	MARS Payment by Category of Service	DE6234	The total reimbursement amount by category of service for all paid claims.
15	TOTAL CHARGE AMOUNT OF CLAIMS IN PROCESS AT MONTH END	Claim Billed Charge	DE2016	The total of all charges shown on claims in the suspense file (claims pended and rejected) at month end.
16	PERCENT APPROVED	Calculated	DE0002	The percent of the claims processed that were approved for payment. ((6210 / 6230) X 100)
17	PERCENT APPROVED WITHOUT SUSPENSION	MARS Percent of Claims Paid with No Errors by Provider Type	DE6414	The percent of the total claims processed that were approved without being placed on the suspense file. ((6213 / 6230) X 100)
18	PERCENT DENIED AND REJECTED	Calculated	DE0002	The percent of processed claims for which payment was denied or rejected.
19	PERCENT CHANGE IN SUSPENSE FILE	Calculated	DE0002	The change in the size of the suspense file from the beginning of the month to the ending of the month expressed as a percent of the beginning month claim count. ((6095 CURR. MO. - 6095 LAST MO.) / (6095 CURR. MO.) X 100)

20	NUMBER OF CLAIMS IN PROCESS AT MONTH END AS A PERCENT OF TOTAL CLAIMS RECEIVED THIS MONTH	Calculated	DE0002	The number of claims in the suspense file at month end divided by the number of new claims received during the month. ((6169 / 6201) X 100)
21	AVERAGE ERROR PER CLAIM	Calculated	DE0002	The total number of identified claim errors divided by the total number of claims processed. (6285 / 6230)
22	AVERAGE DAYS FROM SERVICE DATE TO ENTRY	Calculated	DE0002	The average number of elapsed days from the last date of service on the claim to the date the claim is received by the claims processing agency. (6280 / (6210 + 6221))
23	AVERAGE DAYS FROM ENTRY DATE TO ADJUD.	Calculated	DE0002	The average number of days from the date the claim is received by the Claims Processing Agency to the date of disposition (payment or denial) of the claim. (6281 / (6210 + 6221))
24	AVERAGE DAYS FROM ENTRY DATE TO PAY	MARS Average Days from Entry to Approval by Category of Service	DE6284	The average number of elapsed days from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment.
25	AVERAGE DAYS FROM ADJUDICATION TO PAY.	Calculated	DE0002	The average number of days from the date the claim is adjudicated to the date the claim is paid.
26	NUMBER OF CAPITATION PAYMENTS	Calculated	DE0002	Number of Capitation Payments processed.
27	NUMBER OF ENCOUNTERS	Mars Total Encounter Claims Count	DE6126	Number of Encounters processed.

Output Reports MR-O-009 Claims Processing Performance Analysis

General Information

The Claims Processing Performance Analysis is intended primarily for the use of the manager with responsibility for the Medicaid data processing functions. There are several important purposes for the Performance Analysis Report: a. To provide an overview of that portion of the claims processing operation which involves computer systems. Data is compiled describing the level of activity through the data processing systems with particular attention focused on claims not passing data edits, verification steps, and validation checks. Claims failing one or more of these checks are placed on a computer suspense file to await corrective action and subsequent reprocessing through the system. Maintenance of a minimum suspense file balance is a critical management concern. b. To serve as a source of comprehensive statistics concerning claim processing activity for the month. Because all claims ultimately paid must pass through the data processing system, this operation becomes a convenient point at which to compile certain claim volume statistics on claim receipts, approvals, rejections, suspensions, and recycles. c. To identify possible problems in the claims processing operation, both in the clerical area as well as in the data processing area. An example might be the observance of a marked increase in the computer suspense file level which would suggest a possible problem in the claim error correction process.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Benefit Program Code Category of Service
Control Breaks:	Benefit Program Code Category of Service

Claims Processing Performance Analysis (MR-O-009)

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MRM020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:mm/dd/ccyy                              CLAIMS PROCESSING PERFORMANCE ANALYSIS                          PAG
RUN DATE: mm/dd/ccyy hh:mm
BENEFIT PROGRAM:XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  (3)
                (1)                (2)                    ****************** CATEGORY OF SERVICE ****************
                                                        XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXX
 NEW CLAIMS                                    (4)    ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   NUMBER NEW CLAIMS APPROVED                  (5)    ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT APPROVED                          (6)        ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
   NUMBER NEW CLAIMS DENIED                    (7)    ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT DENIED                            (8)        ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
   NUMBER NEW CLAIMS IN PROCESS (SUS)          (9)    ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT SUSPENDED                         (10)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     PERCENT SUSPENDED THEN RELEASED           (11)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     PERCENT SUSPENDED MORE THAN ONCE          (12)      ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-%
   NEW CLAIMS PENDED                           (13)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   NEW CLAIMS REJECTED                         (14)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
 BEGINNING MNTH IN PROC (SUS) BAL              (15)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   CLAIMS RELEASED                             (16)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     NUMBER SUS CLAIMS APPROVED                (17)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
       PERCENT APPROVED                        (18)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     NUMBER SUS CLAIMS DENIED                  (19)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
       PERCENT DENIED                          (20)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     NUMBER SUSPENDED AGAIN                    (21)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
       PERCENT SUS AGAIN                       (22)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
       PERCENT SUS MORE THAN TWICE             (23)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     NUMBER REJECTED                           (24)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
 CLAIMS NOT RELEASED                           (25)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
       PERCENT NOT RELEASED                    (26)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
      NUMBER PENDED                            (27)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
      NUMBER REJECTED                          (28)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
 TOTAL CLAIMS PROCESSED                        (29)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   TOTAL CLAIMS APPROVED                       (30)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT APPROVED                          (31)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
    TOTAL CLAIMS DENIED                        (32)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT DENIED                            (33)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
    TOTAL CLAIMS SUSPENDED                     (34)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
       PERCENT SUSPENDED                       (35)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     PERCENT SUS MORE THAN ONCE                (36)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
     TOTAL CLAIMS PENDED                       (37)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
    TOTAL CLAIMS REJECTED                      (38)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   SUSPENDED CLAIMS BAL - MTH END              (39)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PENDED CLAIMS BAL - MTH END               (40)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     REJECTED CLAIMS BAL - MTH END             (41)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   NET SUSPENCE FILE CHANGE                    (42)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
     PERCENT CHANGE IN SUS FILE                (43)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
       SUS CLAIMS AS A % OF NEW CLAIMS         (44)       ZZZ.99-%          ZZZ.99-%          ZZZ.99-%          ZZZ.99-
   PAID ORIGINAL CLAIMS                        (45)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   PAID DEBIT ADJUSTMENT                       (46)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   PAID CREDIT ADJUSTMENT                      (47)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
   PAID VOIDS                                  (48)   ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9-      ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	STATE CATEGORY OF SERVICE	Claim Category of Service	DE2038	
4	NEW CLAIMS	MARS New Claims by Claim Type	DE6900	The number of claims entering the computer system for the first time this month.
5	NUMBER NEW CLAIMS APPROVED	MARS Count of New Claims Approved by Claim Type	DE6901	The number of claims approved for payment.
6	PERCENT	Calculated	DE0002	The percentage of new claims enter-

	APPROVED			ing the system that were approved for payment without being suspended. ((6901 / 6900) X 100)
7	NUMBER NEW CLAIMS DENIED	MARS New Claims Denied by Claim Type	DE6902	The number of new claims denied payment and returned to providers.
8	PERCENT DENIED	Calculated	DE0002	The percentage of new claims entering the system that were returned to providers. ((6902 / 6900) X 100)
9	NUMBER NEW CLAIMS IN PROCESS (SUSPENDED)	MARS New Claims Suspended by Claim Type	DE6903	The number of new claims suspended (pended and rejected). Claims suspended more than once are counted only once.
10	PERCENT SUSPENDED	Calculated	DE0002	The percentage of new claims that were suspended (pended and rejected). ((6903 / 6900) X 100)
11	PERCENT SUSPENDED THEN RELEASED	MARS Percent New Claims Suspended Then Released	DE6904	The percentage of new claims that were suspended and subsequently released for approval, rejection, or resuspension.
12	PERCENT SUSPENDED MORE THAN ONCE	MARS Percent New Claims Suspended More than Once	DE6905	The percentage of new claims that were suspended, subsequently released for approval, and then resuspended again during the first month the claim was in the system.
13	NEW CLAIMS PENDED	Calculated	DE0002	The number of new claims that pended during the month.
14	NEW CLAIMS REJECTED	Calculated	DE0002	The number of new claims that rejected during the month.
15	BEGINNING MONTH IN PROCESS (SUSPENDED) BALANCE	Calculated	DE0002	The number of claims that were in a suspended status at the start of this month.
16	CLAIMS RELEASED	MARS Beginning of Month Suspended Claims Released by Claim Type	DE6906	The number of claims that were in a suspended status at the start of this month but were subsequently released for processing.
17	NUMBER SUSPENDED CLAIMS APPROVED	MARS Beginning of Month Suspended Claims approved by Claim Type	DE6907	The number of claims that were in a suspended status at the start of this month and were approved for payment during the month.
18	PERCENT APPROVED	Calculated	DE0002	The percentage of claims that were in a suspended status at the start of this month and then subsequently

				released and approved for payment. ((6907 / 6095) X 100)
19	NUMBER SUSPENDED CLAIMS DENIED	MARS Beginning of Month Claims Denied by Claim Type	DE6908	The number of claims in a suspended status at the start of the month that were released for processing and subsequently denied.
20	PERCENT DENIED	Calculated	DE0002	The percentage of claims in a suspended status at the start of the month that were released for processing and subsequently denied. ((6908 / 6095) X 100)
21	NUMBER SUSPENDED AGAIN	MARS Beginning of Month Claims Resuspended by Claim Type	DE6909	The number of claims in a suspended status at the start of the month that were released for processing and subsequently resuspended.
22	PERCENT SUSPENDED AGAIN	Calculated	DE0002	The percentage of claims in a suspended status at the start of this month that were released for processing and subsequently resuspended. It should be noted that this count contains claims which could have been released again and paid or denied. ((6909 / 6095) X 100)
23	PERCENT SUSPENDED MORE THAN TWICE	MARS Percent Beginning of Month Claims Suspended Multiple Times	DE6911	The percentage of claims in a suspended status at the start of the month that were subsequently released and resuspended two or more times this month.
24	NUMBER REJECTED	Calculated	DE0002	The number of claims in a rejected status at the start of the month that have been rejected more than one time.
25	CLAIMS NOT RELEASED	MARS Beginning of Month Claims Not Released by Claim Type	DE6910	The number of claims in a suspended status at the start of the month that had no change in status during the month.
26	PERCENTAGE NOT RELEASED	Calculated	DE0002	The percentage of claims in a suspended status at the start of the month that had no status change during the month. ((6910 / 6095) X 100)
27	NUMBER PENDED	Calculated	DE0002	The number of claims with a pended status but not released at the beginning of the month.
28	NUMBER REJECTED	Calculated	DE0002	The number of claims with a status of rejected that have not been released

				at the beginning of the month.
29	TOTAL CLAIMS PROCESSED	Calculated	DE0002	The number of claims that were processed by the claims processing system. This count includes new claims received during the month plus claims released from the suspense file. (6900 + 6906)
30	TOTAL CLAIMS APPROVED	Calculated	DE0002	The number of claims that were approved for payment this month. (6901 + 6907)
31	PERCENT APPROVED	Calculated	DE0002	The percentage of claims that were approved for payment this month. ((6901 + 6907) / (6900 + 6906) X 100)
32	TOTAL CLAIMS DENIED	Calculated	DE0002	The number of claims for which payment was denied. (6902 + 6908)
33	PERCENT DENIED	Calculated	DE0002	The percentage of claims that were denied payment this month. (((6902 + 6908) / (6900 + 6906)) X 100)
34	TOTAL CLAIMS SUSPENDED	Calculated	DE0002	The number of claims that were suspended during this month's processing. (6903 + 6909)
35	PERCENT SUSPENDED	Calculated	DE0002	The percentage of claims that were suspended during this month's processing. (((6903 + 6909) / (6900 + 6906)) X 100)
36	PERCENT SUSPENDED MORE THAN ONCE	MARS Percent all Claims Suspended Multiple	DE6912	The percentage of claims that were suspended more than once during this month's processing.
37	TOTAL CLAIMS PENDED	Calculated	DE0002	Total number of claims that were pended.
38	TOTAL CLAIMS REJECTED	MARS End of Month Reject Claim Count by Category of Service	DE6164	Total number of claims that were rejected. (6179 + 6203)
39	SUSPENDED CLAIMS BALANCE-MONTH END	MARS Claims Suspended this Month by Category of Service	DE6170	The number of claims in a suspended status at the end of the months processing.
40	PENDED CLAIMS BALANCE-MONTH END	Calculated	DE0002	Balance of pended claims at the month end. (6178 + 6188 + 6202)
41	REJECTED CLAIMS BALANCE -	Calculated	DE0002	Balance of rejected claims at the month end. (6179 + 6187 + 6203)

	MONTH END			
42	NET SUSPENSE FILE CHANGE	Calculated	DE0002	The increase or decrease in the number of claims in the suspense file. A negative value indicates a decrease in the suspense file. (6095 curr. mo. - 6095 last mo.)
43	PERCENT CHANGE IN SUSPENSE FILE	Calculated	DE0002	The net change in the suspense file expressed as a percentage. A negative value indicates a decrease in the suspense file. ((6095 curr. mo. - 6095 last mo.) / (6095 curr. mo.) X 100)
44	SUSPENSE CLAIMS AS A % OF NEW CLAIMS	Calculated	DE0002	The number of claims in the suspense file at month's end expressed as a percentage of all new claims processed this month. ((6095 curr. mo.) / 6900) X 100)
45	PAID ORIGINAL CLAIMS	MARS Claims Paid by Category of Service	DE6210	Number of Medicaid claims paid by category of service. These claims entered the system for the first time.
46	PAID DEBIT ADJUSTMENT	MARS Paid Adjustment Claims by Category of Service	DE6220	The number of claim items for which a debit adjustment has been approved. Debit Adj : Claim Type Mod (DE 2003) = 2
47	PAID CREDIT ADJUSTMENTS	MARS Paid Adjustment Claims by Category of Service	DE6220	The number of claim items for which a credit adjustment has been approved. Credit Adj: Claim Type Mod (DE 2003) = 3
48	PAID VOIDS	MARS Paid Adjustment Claims by Category of Service	DE6220	The number of claims items for which voids have been approved. Void Adj : Claim Type Mod (DE 2003) = 4

Output Reports MR-O-010 Claims Processing Thruput Analysis

General Information

The Claims Processing Thruput Analysis is designed to be of value to the manager with overall operational responsibility for the processing of Medicaid claims. The purpose of the Thruput Analysis is to furnish the responsible manager with a general assessment of the organization's performance in its primary function that of adjudicating provider claims. In addition to providing a measure of overall claim processing performance, the relative processing efficiency among the different types of claims is also presented. Statistics are presented by provider type and program total for all claims processed excluding crossover claims. Adjustments and non adjustments are reported separately. Report data will reflect which claims require the longest period of time to be processed for payment and will provide the manager with a basis for determining what processing thruput times are acceptable and what times are unacceptable. In this latter role, the thruput Analysis can initially be utilized to establish processing goals and, thereafter, to measure the progress of the claims processing unit toward achievement of these goals.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Benefit Program Code Provider Type
Control Breaks:	Benefit Program Code Provider Type

Claims Processing Thruput Analysis (MR-O-010)

```
MRM020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:mm/dd/ccyy                                CLAIMS PROCESSING THRUPUT ANALYSIS                            PA
RUN DATE: mm/dd/ccyy hh:mm
BENEFIT PROGRAM:XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                (1)          (2)        * - - - - - - - - - PERCENT OF CLAIMS APPROVED WITHIN - - - - - - - - -
                                                                    (4)

PROVIDER TYPE  (3)                        10 DAYS     20 DAYS     30 DAYS     45 DAYS     60 DAYS     90 DAYS

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
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XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
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XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX         ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
999 UNKNOWN                              ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --

    ALL CLAIMS (6)                       ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    ---9.99%    --
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE	Provider Type	DE4006	
4	PERCENT OF CLAIMS APPROVED WITHIN 10 DAYS, 20 DAYS, 30 DAYS, 45 DAYS, 60 DAYS, 90 DAYS AND OVER	MARS Percent of Claims Approved within NN Days	DE6915	Percentages of claims approved by Category of Service for payment by elapsed days measured from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment.

	90 DAYS			
5	AVERAGE DAYS REQUIRED FOR APPROVAL	MARS Average Days from Entry to Approval by Category of Service	DE6284	The average number of elapsed days from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment.
6	TOTAL CLAIMS	Calculated	DE0002	This total line represents the combined total of all the claim percentages reported for each provider type.

Output Reports MR-O-011 Error Distribution Analysis

General Information

The Error Distribution Analysis provides an overview of claim errors by benefit program and provider type.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type
Control Breaks:	Benefit Program Code Provider Type

Error Distribution Analysis (MR-O-011)

```
MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MMMMMMMM,CCYY                            ERROR DISTRIBUTION ANALYSIS                                 PA
RUN DATE: MM/DD/CCYY HH:MM
                      (1)              (2)
BENEFIT PROGRAM:   XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                        NUMBER        NUMBER      PERCENT        PCT.PAID          PERCENT       PERCENT
                        CLAIMS        CLAIMS     PAID WITH    AFTER CORRECTING     REQUIRING      DENIED
TYPE OF PROVIDER      ADJUDICATED      PAID      NO ERRORS    1 OR MORE ERRORS     OVERRIDE
(3)          (4)
XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            (5)          (6)          (7)            (8)            (9)            (10)
THIS MONTH              ZZZ,ZZZ,ZZ9 ZZZ,ZZZ,ZZ9    ZZ9.99%        ZZ9.99%        ZZ9.99%        ZZ9.99%     ZZZ
THREE MONTH AVERAGE     ZZZ,ZZZ,ZZ9 ZZZ,ZZZ,ZZ9    ZZ9.99%        ZZ9.99%        ZZ9.99%        ZZ9.99%     ZZZ
SAME MONTH LAST YEAR    ZZZ,ZZZ,ZZ9 ZZZ,ZZZ,ZZ9    ZZ9.99%        ZZ9.99%        ZZ9.99%        ZZ9.99%     ZZZ
FISCAL YEAR-TO-DATE     ZZZ,ZZZ,ZZ9 ZZZ,ZZZ,ZZ9    ZZ9.99%        ZZ9.99%        ZZ9.99%        ZZ9.99%     ZZZ
LAST FISCAL Y-T-D       ZZZ,ZZZ,ZZ9 ZZZ,ZZZ,ZZ9    ZZ9.99%        ZZ9.99%        ZZ9.99%        ZZ9.99%     ZZZ

PERCENT APPROVED THIS MONTH                    (13) ZZ9.99%   THREE MONTH AVERAGE  ZZ9.99% (14)

NUMBER OF APPROVED CLAIM ERRORS            (15) ZZZ,ZZZ,ZZ9                  (16) ZZZ,ZZZ,ZZ9


                                   TEN MOST FREQUENTLY OCCURRING:
                                ---------------ERRORS---------------
                                ERROR   NUMBER OF       PCT OF      PCT OF
                            (17) CODE   OCCURRENCES(18)  ERRORS(19)  CLAIMS (20)
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
                                 XXX     ZZ,ZZ9         ZZ9.99%    ZZ9.99%
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	TYPE OF PROVIDER [Code]	Provider Type	DE4006	
4	TYPE OF PROVIDER [Description]	Provider Type Descrip-tion	DE4296	
5	NUMBER CLAIMS ADJUDICATED	Calculated	DE0002	Number of claims paid or denied dur-ing the month (claim status = '1' or '3').
6	NUMBER CLAIMS PAID	MARS Claims Paid by Provider Type	DE6209	Number of claims paid during the month (status = '1').

7	PERCENT PAID WITH NO ERRORS	Calculated	DE0002	Number of claims paid (status = '1') without errors divided by NUMBER CLAIMS PAID (field #6) times 100.
8	PCT.PAID AFTER CORRECTING 1 OR MORE ERRORS	Calculated	DE0002	Number of claims paid (status = '1') with one or more errors divided by NUMBER CLAIMS PAID (field #6) times 100. Only claims without any overrides are included in this percentage field. Claims with one or more errors with overrides are counted in field #9.
9	PERCENT REQUIRING OVERRIDE	Calculated	DE0002	Number of paid claims that have at least one 'Y' in the Claim Edit Override field (DE# 2078) divided by NUMBER CLAIMS PAID (field #6) times 100.
10	PERCENT DENIED	Calculated	DE0002	NUMBER CLAIMS DENIED (field #11) divided by NUMBER CLAIMS ADJUDICATED (field #5) times 100.
11	NUMBER CLAIMS DENIED	Calculated	DE0002	Number of claims denied during the month (status = '3').
12	AVERAGE ERRORS PER CLAIM	Calculated	DE0002	Total number of errors on all paid and denied claims divided by the NUMBER CLAIMS ADJUDICATED (field #5).
13	PERCENT APPROVED - THIS MONTH	Calculated	DE0002	NUMBER CLAIMS PAID - THIS MONTH (field #6) divided by NUMBER CLAIMS ADJUDICATED - THIS MONTH (field # 5) times 100.
14	PERCENT APPROVED - THREE MONTH AVERAGE	Calculated	DE0002	NUMBER CLAIMS PAID - THREE MONTH AVERAGE (field #6) divided by NUMBER CLAIMS ADJUDICATED - THREE MONTH AVERAGE (field # 5) times 100.
15	NUMBER OF APPROVED CLAIM ERRORS - THIS MONTH	Calculated	DE0002	Number of claims containing one or more error codes that were paid (status = '1') during the report month.
16	NUMBER OF APPROVED CLAIM ERRORS - THREE MONTH AVERAGE	Calculated	DE0002	Number of claims containing one or more error codes that were paid (status = '1') during the previous three months divided by 3.
17	TEN MOST FREQUENTLY OCCURRING	Error Text Error Code	DE5501	

	ERRORS - ERROR CODE			
18	TEN MOST FREQUENTLY OCCURRING ERRORS - NUMBER OF OCCURRENCES	Calculated	DE0002	The number of claims with the specified error code. Ranking shows the top ten error codes occurring on all claims paid or denied during the month.
19	TEN MOST FREQUENTLY OCCURRING ERRORS - PCT OF ERRORS	Calculated	DE0002	NUMBER OF OCCURRENCES for the error code (field# 18) divided by the total number of occurrences for all error codes times 100.
20	TEN MOST FREQUENTLY OCCURRING ERRORS - PCT OF CLAIMS	Calculated	DE0002	NUMBER OF OCCURRENCES for the error code (field 18) divided by NUMBER CLAIMS ADJUDICATED: THIS MONTH (field 5) times 100.

Output Reports MR-O-012 Provider Participation Analysis

General Information

The Provider Participation Analysis provides provider participation statistics including payments, services, and recipients. Separate sections are provided for fee-for-service claims and encounters. Combined totals are reported for each benefit program.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type
Control Breaks:	Benefit Program Code Provider Type

Provider Participation Analysis (MR-O-012)

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MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF: MM/DD/CCYY                                  PROVIDER PARTICIPATION ANALYSIS                          P
RUN DATE: MM/DD/CCYY HH:MM
                  (1)        (2)
BENEFIT PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION-A:  CLAIMS DATA - MEDICAID FEE FOR SERVICE
                 (3)        (4)
PROVIDER TYPE:  XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        SAME MONTH        LAST SIX                        --F
                                          THIS MONTH     LAST YEAR        MO.AVG.          TREND        THIS

NUMBER OF PROVIDERS ENROLLED (5)        Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
NUMBER OF PROVIDERS PARTICIPATING (6)   Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
PERCENT OF PROVIDERS PARTICIPATING (7)       Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,Z
TOT RECIPIENTS SERVED (8)               Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
AVG RECIPS PER PARICIPATING PROVIDERS (9) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,Z
ELIG PER PARICIPATING PROVIDERS (10)    Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
TOT PAYMENTS (11)                       Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
TOT NUMBER OF CLMS PAID (12)            Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
CROSSOVER COST (13)                     Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
GROSS ADJUSTMENT (14)                   Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
AVG CLMS PER PART. PROV (15)            ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,Z
AVG PAYMENT PER PART. PROV (16)         ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,Z
AVG PAYMENT PER PART. RECIP (17)        ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,Z
TPL AMOUNT (EXCL. XOVERS) (18)          Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
PERCENT OF CLMS WITH TPL (19)                Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,Z
TOT UNITS OF SVC RENDERED (20)          Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZ
AVG UNITS OF SVC RENDERED PER PART PROV (21) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-   .999+  ZZ,ZZZ,Z
AVG UNITS OF SVC RENDERED PER PART RECIP (22) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-  .999+  ZZ,ZZZ,Z
AVG PMTS PER UNIT OF SVC (23)           ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,Z
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Provider Participation Analysis (MR-O-012)

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MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                                  PROVIDER PARTICIPATION ANALYSIS                          PAG
RUN DATE: MM/DD/CCYY HH:MM
                  (1)        (2)
BENEFIT PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION-A:  CLAIMS DATA - MEDICAID FEE FOR SERVICE

TOTAL BENEFIT PROGRAM   XX
                                                        SAME MONTH        LAST SIX                        --FIS
                                          THIS MONTH     LAST YEAR        MO.AVG.          TREND        THIS Y

NUMBER OF PROVIDERS ENROLLED (5)        Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
NUMBER OF PROVIDERS PARTICIPATING (6)   Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
PERCENT OF PROVIDERS PARTICIPATING (7)       Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,ZZ9
TOT RECIPIENTS SERVED (8)               Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
AVG RECIPS PER PARICIPATING PROVIDERS (9) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9
ELIG PER PARICIPATING PROVIDERS (10)    Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
TOT PAYMENTS (11)                       Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
TOT NUMBER OF CLMS PAID (12)            Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
CROSSOVER COST (13)                     Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
GROSS ADJUSTMENT (14)                   Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
AVG CLMS PER PART. PROV (15)            ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9
AVG PAYMENT PER PART. PROV (16)         ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9
AVG PAYMENT PER PART. RECIP (17)        ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9
TPL AMOUNT (EXCL. XOVERS) (18)          Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
PERCENT OF CLMS WITH TPL (19)                Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,ZZ9
TOT UNITS OF SVC RENDERED (20)          Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,
AVG UNITS OF SVC RENDERED PER PART PROV (21) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-   .999+  ZZ,ZZZ,ZZ9
AVG UNITS OF SVC RENDERED PER PART RECIP (22) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-  .999+  ZZ,ZZZ,ZZ9
AVG PMTS PER UNIT OF SVC (23)           ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9
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Provider Participation Analysis (MR-O-012)

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MRM080                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                                  PROVIDER PARTICIPATION ANALYSIS                            PAGE
RUN DATE: MM/DD/CCYY HH:MM
                  (1)        (2)
BENEFIT PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION-B:  ENCOUNTER CLAIMS DATA (HMO SERVICES)
                (3)        (4)
PROVIDER TYPE:  XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                          SAME MONTH        LAST SIX                    --FISC
                                                THIS MONTH     LAST YEAR        MO.AVG.          TREND      THIS YE

NUMBER OF PROVIDERS ENROLLED (5)                Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
NUMBER OF PROVIDERS PARTICIPATING (6)           Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
PERCENT OF PROVIDERS PARTICIPATING (7)               Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%          .999+       Z,ZZ9.
TOT RECIPIENTS SERVED (8)                       Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
AVG RECIPS PER PARICIPATING PROVIDERS (9)       ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
ELIG PER PARICIPATING PROVIDERS (10)            Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
TOT PAYMENTS (11)                               Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
TOT NUMBER OF CLMS PAID (12)                    Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
CROSSOVER COST (13)                             Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
GROSS ADJUSTMENT (14)                           Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
AVG CLMS PER PART. PROV (15)                    ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
AVG PAYMENT PER PART. PROV (16)                 ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
AVG PAYMENT PER PART. RECIP (17)                ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
TPL AMOUNT (EXCL. XOVERS) (18)                  Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
PERCENT OF CLMS WITH TPL (19)                        Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%          .999+       Z,ZZ9.
TOT UNITS OF SVC RENDERED (20)                  Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-          .999+  Z,ZZZ,ZZZ,Z
AVG UNITS OF SVC RENDERED PER PART PROV (21)    ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
AVG UNITS OF SVC RENDERED PER PART RECIP (22)   ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
AVG PMTS PER UNIT OF SVC (23)                   ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-          .999+  ZZ,ZZZ,ZZ9.
```

Provider Participation Analysis (MR-O-012)

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MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                                PROVIDER PARTICIPATION ANALYSIS                            PAGE
RUN DATE: MM/DD/CCYY HH:MM
                  (1)        (2)
BENEFIT PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION-B:  ENCOUNTER CLAIMS DATA (HMO SERVICES)

TOTAL BENEFIT PROGRAM   XX
                                                        SAME MONTH        LAST SIX                        --FISC
                                            THIS MONTH   LAST YEAR        MO.AVG.          TREND       THIS YE

NUMBER OF PROVIDERS ENROLLED (5)          Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
NUMBER OF PROVIDERS PARTICIPATING (6)     Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
PERCENT OF PROVIDERS PARTICIPATING (7)         Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,ZZ9.
TOT RECIPIENTS SERVED (8)                 Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
AVG RECIPS PER PARICIPATING PROVIDERS (9) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9.
ELIG PER PARICIPATING PROVIDERS (10)      Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
TOT PAYMENTS (11)                         Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
TOT NUMBER OF CLMS PAID (12)              Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
CROSSOVER COST (13)                       Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
GROSS ADJUSTMENT (14)                     Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
AVG CLMS PER PART. PROV (15)              ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9.
AVG PAYMENT PER PART. PROV (16)           ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9.
AVG PAYMENT PER PART. RECIP (17)          ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9.
TPL AMOUNT (EXCL. XOVERS) (18)            Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
PERCENT OF CLMS WITH TPL (19)                  Z,ZZ9.99%      Z,ZZ9.99%      Z,ZZ9.99%        .999+       Z,ZZ9.
TOT UNITS OF SVC RENDERED (20)            Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9- Z,ZZZ,ZZZ,ZZ9-        .999+  Z,ZZZ,ZZZ,Z
AVG UNITS OF SVC RENDERED PER PART PROV (21) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-     .999+  ZZ,ZZZ,ZZ9.
AVG UNITS OF SVC RENDERED PER PART RECIP (22) ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-   .999+  ZZ,ZZZ,ZZ9.
AVG PMTS PER UNIT OF SVC (23)             ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99- ZZ,ZZZ,ZZ9.99-        .999+  ZZ,ZZZ,ZZ9.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT DEFINITION CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE	Provider Type	DE4006	
4	PROVIDER TYPE DESCRIPTION	Provider Type Descrip-tion	DE4296	
5	NUMBER OF PROVIDERS ENROLLED	Calculated	DE0002	Unduplicated count of base providers for this provider type and benefit pro-gram during the report period.
6	NUMBER OF PROVIDERS PARTICIPATING	Calculated	DE0002	Unduplicated count of base providers with paid claims for this provider type and benefit program during the report period.
7	PERCENT OF	Calculated	DE0002	Participating Providers (field #6)

	PROVIDERS PARTICIPATING			divided by Enrolled Providers (field #5) times 100.
8	TOT RECIPIENTS SERVED	Calculated	DE0002	Unduplicated count of permanent recipients with paid claims for this provider type and benefit program during the report period.
9	AVG RECIPS PER PARICIPATING PROVIDERS	Calculated	DE0002	Participating Recipients (field #8) divided by Participating Providers (field #6) times 100.
10	ELIG PER PARICIPATING PROVIDERS	Calculated	DE0002	Enrolled Recipients divided by Participating Providers (field #6) times 100.
11	TOT PAYMENTS	Calculated	DE0002	Total payment amount for claims with this provider type and benefit program during the report period.
12	TOT NUMBER OF CLMS PAID	Calculated	DE0002	Number of claims with this provider type and benefit program during the report period.
13	CROSSOVER COST	Calculated	DE0002	Total payment amount for claims with claim type '09' (crossover) for this provider type and benefit program during the report period.
14	GROSS ADJUSTMENT	Calculated	DE0002	Net financial transactions for this provider type and benefit program during the report period..
15	AVG CLMS PER PART. PROV	Calculated	DE0002	Number of Claims Paid (field #12) divided by Participating Providers (field #6) times 100.
16	AVG PAYMENT PER PART. PROV	Calculated	DE0002	Total Payments (field #11) divided by Participating Providers (field #6) times 100.
17	AVG PAYMENT PER PART. RECIP	Calculated	DE0002	Total Payments (field #11) divided by Participating Recipients (field #8) times 100.
18	TPL AMOUNT (EXCL. XOVERS)	Calculated	DE0002	Sum of all TPL amounts on claims for this provider type and benefit program during the report period where the claim type is not equal to '09' (crossover) .
19	PERCENT OF CLMS WITH TPL	Calculated	DE0002	Count of claims for this provider type and benefit program during the report period where the TPL amount > 0 and the claim type is not equal to '09' (cros-

				sover) Divided by the Number of Claims Paid (field #12) times 100.
20	TOT UNITS OF SVC RENDERED	Calculated	DE0002	The total units of service on all claims for this provider type and benefit program during the report period. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
21	AVG UNITS OF SVC RENDERED PER PART PROV	Calculated	DE0002	Total Units (field #20) divided by Participating Providers (field #6) times 100.
22	AVG UNITS OF SVC RENDERED PER PART RECIP	Calculated	DE0002	Total Units (field #20) divided by Participating Recipients (field #8) times 100.
23	AVG PMTS PER UNIT OF SVC	Calculated	DE0002	Total Payment (field #11) divided by Total Units (field #20) times 100.

Output Reports MR-O-014A Cost Settlement Details

General Information

The Cost Settlement Details Report provides the State auditors who are responsible for institutional cost settlement with a complete accounting of all charges that a given institution has claimed against Title XIX. A summary of charges is presented by cost center and is used by State auditors to ensure that the provider's internal accounting records reflect identical Medicaid patient charges. The individual claim detail is essential to researching discrepancies in the charge summaries and checking institutional claim records on a sample basis. The claim detail is also useful in identifying the cause of unusually high charges in a particular charge center.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Cost Settlement Extract & Report Writer (MRA070)
Confidential:	No
Sequence:	Provider Number Claim Type Thru Date Recipient Number
Control Breaks:	Provider Number

Cost Settlement Details (MR-O-014A)

```
MRA070                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES        REP
AS OF: MM/DD/CCYY                          COST SETTLEMENT DETAILS - MEDICAID                        PAG
RUN DATE: MM/DD/CCYY HH:MM     (1)            (2)
SERVICE DATE RANGE = FROM: 99/99/9999 THRU: 99/99/9999
PROVIDER ID: 1234567890     NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  REQ ID: XXX
 (3)                                    (4)
------------------------------------------------------ CLAIM DETAILS ----------------------------------------
SERVICE   DATES   RECIPIENT ID/ (7)    (8)           PAT.(9)REF NO/(10)     DATE(11)  (12)    ------------- PAYMENT DA
FROM  (5)  THRU (6)   XREF ID     PATIENT NAME    STATUS  FORMER REF     PAID     DIAG PATIENT(13)THIRD PARTY(14)N
-------------------------------------------------------------------------------------------------------------------
MM/DD/YYYY MM/DD/YYYY XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XX YYYYJJJMSSSSSSLL MM/DD/YYYY XXXXX ZZZ,ZZZ.99-ZZZ,ZZZ.99-Z
                    XXXXXXXXXXXX                          YYYYJJJMSSSSSSLL            XXXXX
(17)                    (18)
PAYMENT RATE ZZZ9.99        CLAIM TYPE  =  99                                  XXXXXXXXX-------------XXXXXXXXXXX

                                                   ACCOMODATIONS DATA (21)
  (23)   (24)                            AMOUNT  UNITS/DAYS   (27)                                          AMOUNT  U
 CODE  DESCRIPTION                     (25)BILLED    BILLED(26)ALLOWED CODE  DESCRIPTION                     BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
                                                                  TOTAL ACCOMODATION CHARGES   ZZZ,ZZZ.99- Z

                                                    ANCILLARY DATA (22)
                                        AMOUNT  UNITS/DAYS                                                    AMOUNT  UN
 CODE  DESCRIPTION                      BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
                                                                  TOTAL ANCILLARY CHARGES      ZZZ,ZZZ.99- Z
   (28)                                 (29)                                (30)                                (31)
 NON COVERED CHARGES: ZZZ,ZZZ.99- NON COVERED DAYS:ZZZZ9- TOTAL CHARGES BILLED: ZZZ,ZZZ.99- ALLOWED:
(* = NONCOVD)


-------------------------------------------------------------------------------------------------------------------
MM/DD/YYYY MM/DD/YYYY XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XX YYYYJJJMSSSSSSLL MM/DD/YYYY XXXXX ZZZ,ZZZ.99-ZZZ,ZZZ.99-Z
                    XXXXXXXXXXXX                          YYYYJJJMSSSSSSLL            XXXXX

PAYMENT RATE ZZZ9.99        CLAIM TYPE  =  99                                  XXXXXXXXX-------------XXXXXXXXXXX

                                                   ACCOMODATIONS DATA
                                        AMOUNT  UNITS/DAYS                                                    AMOUNT  UN
 CODE  DESCRIPTION                      BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ        TOTAL ACCOMODATION CHARGES   ZZZ,ZZZ.99- Z

                                                    ANCILLARY DATA

                                        AMOUNT  UNITS/DAYS                                                    AMOUNT  UN
 CODE  DESCRIPTION                      BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- Z
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ        TOTAL ANCILLARY CHARGES      ZZZ,ZZZ.99- Z

 NON COVERED CHARGES: ZZZ,ZZZ.99- NON COVERED DAYS:ZZZZ9- TOTAL CHARGES BILLED: ZZZ,ZZZ.99- ALLOWED:
(* = NONCOVD)
```

Cost Settlement Details (MR-O-014A)

```
MRA070                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT I
AS OF: MM/DD/CCYY                             COST SETTLEMENT DETAILS - MEDICAID                              PAGE NU
RUN DATE: MM/DD/CCYY HH:MM
SERVICE DATE RANGE = FROM: 99/99/9999 THRU: 99/99/9999
PROVIDER ID: XXXXXXXX     NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  REQ ID: XXX

-------------------------------------------------------- CLAIM DETAILS ----------------------------------------------
SERVICE   DATES   RECIPIENT ID/                        PAT.   REF NO/        DATE              ------------- PAYMENT DATA -
FROM       THRU       XREF ID     PATIENT NAME     STATUS  FORMER REF     PAID     DIAG   PATIENT    THIRD PARTY    MED
-------------------------------------------------------------------------------------------------------------------------
MM/DD/YYYY MM/DD/YYYY XXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XX YYYYJJJMSSSSSSLL MM/DD/YYYY XXXXX ZZZ,ZZZ.99-ZZZ,ZZZ.99-ZZZ,Z
                   XXXXXXXXXXXX                          YYYYJJJMSSSSSSLL            XXXXX

PAYMENT RATE ZZZ9.99        CLAIM TYPE  =  99                                  XXXXXXXXX-------------XXXXXXXXXXXXXX

                                                ACCOMODATIONS DATA
                                          AMOUNT  UNITS/DAYS                                                  AMOUNT  UNITS/
 CODE  DESCRIPTION                        BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED    BILL
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
                                                                        TOTAL ACCOMODATION CHARGES   ZZZ,ZZZ.99- ZZ,ZZ

                                                ANCILLARY DATA
                                          AMOUNT  UNITS/DAYS                                                  AMOUNT  UNITS/
 CODE  DESCRIPTION                        BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED    BILL
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
                                                                        TOTAL ANCILLARY CHARGES      ZZZ,ZZZ.99- ZZ,ZZ

 NON COVERED CHARGES: ZZZ,ZZZ.99- NON COVERED DAYS:ZZZZ9- TOTAL CHARGES BILLED: ZZZ,ZZZ.99- ALLOWED: ZZZ,ZZZ.99-


-------------------------------------------------------------------------------------------------------------------------
MM/DD/YYYY MM/DD/YYYY XXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XX YYYYJJJMSSSSSSLL MM/DD/YYYY XXXXX ZZZ,ZZZ.99-ZZZ,ZZZ.99-ZZZ,Z
                   XXXXXXXXXXXX                          YYYYJJJMSSSSSSLL            XXXXX

PAYMENT RATE ZZZ9.99        CLAIM TYPE  =  99                                  XXXXXXXXX-------------XXXXXXXXXXXXXX

                                                ACCOMODATIONS DATA
                                          AMOUNT  UNITS/DAYS                                                  AMOUNT  UNITS/
 CODE  DESCRIPTION                        BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED    BILL
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ        TOTAL ACCOMODATION CHARGES   ZZZ,ZZZ.99- ZZ,ZZ

                                                ANCILLARY DATA
                                          AMOUNT  UNITS/DAYS                                                  AMOUNT  UNITS/
 CODE  DESCRIPTION                        BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED    BILL
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ        TOTAL ANCILLARY CHARGES      ZZZ,ZZZ.99- ZZ,ZZ

 NON COVERED CHARGES: ZZZ,ZZZ.99- NON COVERED DAYS:ZZZZ9- TOTAL CHARGES BILLED: ZZZ,ZZZ.99- ALLOWED: ZZZ,ZZZ.99-
```

Cost Settlement Details (MR-O-014A)

```
MRA070                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES       REPO
AS OF: MM/DD/CCYY                         COST SETTLEMENT DETAILS - PROVIDER DETAILS                 PA
RUN DATE: MM/DD/CCYY HH:MM
SERVICE DATE RANGE = FROM: 99/99/9999 THRU: 99/99/9999
PROVIDER ID: 1234567890     NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          REQ ID: XXX

                                                  XXXXXXXXXX       XXXXXXXXXXXXXXX

-------------------------------------------------------   PROVIDER TOTALS   ------------------------------------

              PAYOUTS (32)              99,999,999.99

              RECOVERIES  (33)          99,999,999.99

              REFUNDS (34)              99,999,999.99

              NEG. BAL (35)             99,999,999.99

              PATIENT (36)              99,999,999.99

              3RD PARTY (37)            99,999,999.99

              TOTAL BILLED (38)         99,999,999.99

              ALLOWED (39)              99,999,999.99

              TOTAL PAYMENT (40)        99,999,999.99

              COVERED DAYS (41)                  999

                                          ACCOMODATIONS DATA
                                     AMOUNT  UNITS/DAYS                                                  AMOUNT  UI
 CODE  DESCRIPTION                   BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- :
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- :
                                                                      TOTAL ACCOMODATION CHARGES   ZZZ,ZZZ.99- :

                                          ANCILLARY DATA
                                     AMOUNT  UNITS/DAYS                                                  AMOUNT  UI
 CODE  DESCRIPTION                   BILLED    BILLED   ALLOWED CODE  DESCRIPTION                        BILLED
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- :
 XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- ZZ,ZZ9- ZZZZZ.ZZ  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ.99- :
                                                                      TOTAL ANCILLARY CHARGES      ZZZ,ZZZ.99- :
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SERVICE DATE RANGE - FROM	MARS Service Date Range - From Date	DE6000	
2	SERVICE DATE RANGE - THRU	MARS Service Date Range - Thru Date	DE6012	The period of time over which the report information covers.
3	PROVIDER ID	National Provider Identifier	DE4700	
4	PROVIDER NAME	Provider Name	DE4085	
5	SERVICE DATES FROM	Claim Service From Date	DE2010	
6	SERVICE DATES THRU	Claim Service Thru Date	DE2011	
7	RECIPIENT ID	Enrollee Identification Number	DE3001	
8	PATIENT NAME	Enrollee Full Name	DE3003	

9	PAT. STATUS	Claim Discharge Status	DE2869	
10	REF NO.	Claim Request ICN	DE2001	
11	DATE PAID	Remittance Payment Date	DE9578	
12	DIAG	Diagnosis Code	DE5301	
13	PAYMENT DATA - PATIENT	Claim Medicaid Co-Payment	DE2022	
14	PAYMENT DATA - THIRD PARTY	Claim Third Party Payment	DE2018	
15	PAYMENT DATA - MEDICAID	Claim Payment Amount	DE2023	
16	DISP	Claim Type Modifier	DE2003	
17	PAYMENT RATE	Provider Rate	DE4255	
18	CLAIM TYPE	Claim Type	DE2002	
19	Medicaid / State Indicator	Calculated	DE0002	This field defaults to 'MEDICAID' for all selected claims.
20	Crossover Indicator	Calculated	DE0002	This field displays 'CROSSOVER' for all claims with claim type equal to '09'. For all other claim types, 'NON-CROSSOVER' is displayed.
21	ACCOMODATIONS DATA		DE0000	This section reports revenue lines on the claim that are related to accommodations. The Accommodations Data section includes the following revenue codes: 100, 101, 110, 111, 112, 113, 114, 115, 116, 117, 119, 120, 121, 122, 123, 124, 125, 126, 127, 130, 131, 132, 133, 134, 135, 136, 137, 140, 141, 142, 143, 144, 145, 146, 147, 150, 151, 152, 153, 154, 155, 156, 157, 160, 164, 167, 169, 170, 171, 172, 175, 179, 180, 181, 182, 183, 184, 185, 189, 200, 201, 202, 203, 204, 206, 207, 208, 209, 210, 211, 212, 213, 214, 219, 220, 221, 222, 223, 229, 230, 232, 233, 234, 235, 239.
22	ANCILLARY DATA		DE0000	This section reports revenue lines on the claim that are related to Ancillary services, i.e., non-accommodations codes). The Ancillary Data section includes all revenue codes that are not included in the Accommodations

				Data section.
23	CODE	Claim Revenue Code	DE2122	Note: These are the specific revenue codes reported on the claims and not the 'Group' codes reported on the state cost settlement reports; i.e., MR-O-032.
24	CODE DESCRIPTION	Procedure Short Name	DE5015	
25	AMOUNT BILLED	Claim Revenue Amount	DE2124	Amount of accumulated charges billed by a provider for a recipient's accommodation. (Sum of 2124).
26	UNITS/DAYS BILLED	Claim Revenue Units	DE2123	
27	ALLOWED AMOUNT	Claim Revenue Allowed Amt	DE2991	
28	NON COVERED CHARGES	Claim Non-Covered Amount	DE2139	
29	NON COVERED DAYS	Claim Non-Covered Days	DE2109	
30	TOTAL CHARGES BILLED	Claim Billed Charge	DE2016	
31	ALLOWED	Claim Allowed Amount	DE2073	
32	PAYOUTS	Calculated	DE0002	Gross level payment made to provider.
33	RECOVERIES	Calculated	DE0002	The total amount of recoveries applied to the provider totals.
34	REFUNDS	Calculated	DE0002	The total of the refunded amount which is applied to the provider total.
35	NEGATIVE BALANCE	Provider Negative Balance Amount	DE4036	
36	PATIENT	Claim Patient Pay Amount	DE2083	
37	THIRD PARTY	Claim Third Party Payment	DE2018	If claim type is 01, 02, or 03 and the claim is approved, this field contains the total TPL amount. If the claim type is other than 01, 02, or 03, this field contains the Line TPL amount. (Sum of 2018)
38	TOTAL BILLED	Claim Billed Charge	DE2016	
39	ALLOWED	Claim Allowed Amount	DE2073	
40	TOTAL PAYMENT	Claim Payment Amount	DE2023	
41	COVERED DAYS	Claim Covered Days	DE2108	

Output Reports MR-O-014B Cost Settlement Selection Parameter List

General Information

N/A

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS MARS Unit
Program:	Cost Settlement Extract & Report Writer (MRA070)
Confidential:	No
Sequence:	PROVIDER IDENTIFICATION NUMBER
Control Breaks:	N/A

Cost Settlement Selection Parameter List (MR-O-014B)

```
MRA070                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY                       COST SETTLEMENT SELECTION PARAMETER LIST

                    (1)          (2)          (3)          (4)                  (5)
                 PROVIDER     SERVICE      SERVICE    TOTAL CLAIM
                 NUMBER     BEGIN DATE    END DATE      RECORDS

                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX
                 1234567890  MM/DD/YYYY   MM/DD/YYYY     ZZ,ZZZ,ZZ9-       XXXXXXXXXXXXXXXXXXXXXXXXXX

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NUMBER	National Provider Identifier	DE4700	
2	SERVICE BEGIN DATE	Claim Service From Date	DE2010	
3	SERVICE END DATE	Claim Service Thru Date	DE2011	
4	TOTAL CLAIM RECORDS	Calculated	DE0002	TOTAL CLAIMS PROCESSED FOR EVERY PROVIDER - This field represents the accumulated total of claims processed for this provider.
5	Message		DE0000	This field holds the error message that indicates the provider number has been previously listed for selection.

Output Reports MR-O-015 Provider Claim Filing Analysis

General Information

The Provider Claim Filing Analysis report provides statistics by benefit program and provider type on the number of days between the claim date of service and date of receipt. Only paid, original, non-crossover, fee-for-service claims are included on this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type
Control Breaks:	Benefit Program Code

Provider Claim Filing Analysis (MR-O-015)

```
MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                                PROVIDER CLAIM FILING ANALYSIS                            PAG
RUN DATE: MM/DD/CCYY HH:MM
                    (1)        (2)  ************************* NON-CROSSOVER CLAIMS PROCESSED IN ************************
BENEFIT PROGRAM: XX  XXXXXXXXXXXXXXXXXXXXXXXXXXX
                   AVERAGE    --- 1-30  DAYS ---   ---31-60  DAYS ---   ---61-90  DAYS ---   --- 4-6  MONTHS---
TYPE OF            DAYS TO    NUMBER      PCT OF   NUMBER      PCT OF   NUMBER      PCT OF   NUMBER      PCT OF
PROVIDER            FILING    CLAIMS      TOTAL    CLAIMS      TOTAL    CLAIMS      TOTAL    CLAIMS      TOTAL

                                                                    (3)                          (4)
    TOTAL                          ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9
                                (5)        (6)        (7)        (8)        (9)        (10)       (11)       (12)       (13)
THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%(18)ZZZ,ZZZ,ZZ9(19)ZZ9.9%(20)ZZZ,ZZZ,ZZ9(21)ZZ9.9%(22)ZZZ,ZZZ,ZZ9(23)ZZ9.9%(24)Z
CLMS PAID AMT THIS MTH (16)  (17)  ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99
                                          (27)                 (28)                 (29)                 (30)
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9
(32)  (33)
THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
CLMS PAID AMT THIS MTH           ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9

THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
CLMS PAID AMT THIS MTH           ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9

THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
CLMS PAID AMT THIS MTH           ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9

THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
CLMS PAID AMT THIS MTH           ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9

THIS MONTH           ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
SIX MONTH AVERAGE    ZZ9.99 ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  ZZZ,ZZZ,ZZ9  ZZ9.9%  Z
CLMS PAID AMT THIS MTH           ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99       ZZZ,ZZZ,ZZ9.99

XXX XXXXXXXXXXXXXXXXXXXXXXXXXXX ORIGINAL CLAIMS PROCESSED: ZZZ,ZZZ,ZZ9   APPROVED: ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	ORIGINAL CLAIMS PROCESSED	Calculated	DE0002	The number of original claims processed during the reporting month (excluding crossovers).
4	ORIGINAL CLAIMS APPROVED	Calculated	DE0002	The number of original claims paid during the reporting month (excluding crossovers).
5	THIS MONTH -	Calculated	DE0002	The average number of days to filing

	AVERAGE DAYS TO FILING			for all original, non-crossover claims paid within the current reporting period. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
6	THIS MONTH - 1-30 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the current reporting period where the days to filing is between 1 and 30 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
7	THIS MONTH - 1-30 DAYS - PCT OF TOTAL	Calculated	DE0002	NUMBER CLAIMS THIS MONTH - 1-30 DAYS (field #6) divided by ORIGINAL CLAIMS APPROVED (field #4) times 100.
8	THIS MONTH - 31-60 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the current reporting period where the days to filing is between 31 and 60 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
9	THIS MONTH - 31-60 DAYS - PCT OF TOTAL	Calculated	DE0002	NUMBER CLAIMS THIS MONTH - 31-60 DAYS (field #8) divided by ORIGINAL CLAIMS APPROVED (field #4) times 100.
10	THIS MONTH - 61-90 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the current reporting period where the days to filing is between 61 and 90 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
11	THIS MONTH - 61-90 DAYS - PCT OF TOTAL	Calculated	DE0002	NUMBER CLAIMS THIS MONTH - 61-90 DAYS (field #10) divided by ORIGINAL CLAIMS APPROVED (field #4) times 100.
12	THIS MONTH - 4-6 MONTHS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the current reporting period where the days to filing is between 4 and 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.

13	THIS MONTH - 4-6 MONTHS - PCT OF TOTAL	Calculated	DE0002	NUMBER CLAIMS THIS MONTH - 4-6 MONTHS (field #12) divided by ORIGINAL CLAIMS APPROVED (field #4) times 100.
14	THIS MONTH - MORE THAN 6 MTH - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the current reporting period where the days to filing is more than 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
15	THIS MONTH - MORE THAN-6 MTH - PCT OF TOTAL	Calculated	DE0002	NUMBER CLAIMS THIS MONTH - MORE THAN 6 MTH (field #14) divided by ORIGINAL CLAIMS APPROVED (field #4) times 100.
16	SIX MONTH AVERAGE - AVERAGE DAYS TO FILING	Calculated	DE0002	The average number of days to filing for all original, non-crossover claims paid within the previous six months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
17	SIX MONTH AVERAGE - 1-30 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous six months where the days to filing is between 1 and 30 days divided by six. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
18	SIX MONTH AVERAGE - 1-30 DAYS - PCT OF TOTAL	Calculated	DE0002	SIX MONTH AVERAGE - 1-30 DAYS - NUMBER CLAIMS (field #17) divided by the Six Month Average Total times 100. The six month average total is the sum of all six month average number of claims (field 17 + field 19 + field 21 + field 23 + field 25).
19	SIX MONTH AVERAGE - 31-60 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous six months where the days to filing is between 31 and 60 days divided by six. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
20	SIX MONTH AVERAGE - 31-60 DAYS - PCT OF	Calculated	DE0002	SIX MONTH AVERAGE - 31-60 DAYS - NUMBER CLAIMS (field #19) divided by the Six Month Average

	TOTAL			Total times 100. The six month average total is the sum of all six month average number of claims (field 17 + field 19 + field 21 + field 23 + field 25).
21	SIX MONTH AVERAGE - 61-90 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous six months where the days to filing is between 61 and 90 days divided by six. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
22	SIX MONTH AVERAGE - 61-90 DAYS - PCT OF TOTAL	Calculated	DE0002	SIX MONTH AVERAGE - 61-90 DAYS - NUMBER CLAIMS (field #21) divided by the Six Month Average Total times 100. The six month average total is the sum of all six month average number of claims (field 17 + field 19 + field 21 + field 23 + field 25).
23	SIX MONTH AVERAGE - 4-6 MONTHS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous six months where the days to filing is between 4 and 6 months divided by six. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
24	SIX MONTH AVERAGE - 4-6 MONTHS - PCT OF TOTAL	Calculated	DE0002	SIX MONTH AVERAGE - 4-6 MONTHS - NUMBER CLAIMS (field #23) divided by the Six Month Average Total times 100. The six month average total is the sum of all six month average number of claims (field 17 + field 19 + field 21 + field 23 + field 25).
25	SIX MONTH AVERAGE - MORE THAN 6 MTH - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous six months where the days to filing is more than 6 months divided by six. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
26	SIX MONTH AVERAGE - MORE THAN 6 MTH - PCT OF TOTAL	Calculated	DE0002	SIX MONTH AVERAGE - MORE THAN 6 MTH - NUMBER CLAIMS (field #25) divided by the Six Month Average Total times 100. The six month average total is the sum of all six month average number of claims (field 17 + field 19 + field 21 + field 23 + field

				25).
27	CLMS PAID AMT THIS MTH - 1-30 DAYS	Calculated	DE0002	The total payment amount for all original, non-crossover claims paid during the current reporting period where the days to filing is between 1 and 30 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
28	CLMS PAID AMT THIS MTH - 31-60 DAYS	Calculated	DE0002	The total payment amount for all original, non-crossover claims paid during the current reporting period where the days to filing is between 31 and 60 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
29	CLMS PAID AMT THIS MTH - 61-90 DAYS	Calculated	DE0002	The total payment amount for all original, non-crossover claims paid during the current reporting period where the days to filing is between 61 and 90 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
30	CLMS PAID AMT THIS MTH - 4-6 MONTHS	Calculated	DE0002	The total payment amount for all original, non-crossover claims paid during the current reporting period where the days to filing is between 4 and 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
31	CLMS PAID AMT THIS MTH - MORE THAN 6 MTH	Calculated	DE0002	The total payment amount for all original, non-crossover claims paid during the current reporting period where the days to filing is more than 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
32	TYPE OF PROVIDER [Code]	Provider Type	DE4006	
33	TYPE OF PROVIDER [Description]	Provider Type Description	DE4296	

Output Reports MR-O-016 Provider Claim Filing Details

General Information

The Provider Claim Filing Details report provides statistics for individual providers by benefit program and provider type on the number of days between the claim date of service and date of receipt. Only paid, original, non-crossover, fee-for-service claims are included on this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type Provider Number
Control Breaks:	Benefit Program Code Provider Type

Provider Claim Filing Details (MR-O-016)

```
MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MMMMMMMM,CCYY                            PROVIDER CLAIM FILING DETAILS                               PA
RUN DATE: MM/DD/CCYY HH:MM
                    (1)       (2)
BENEFIT PROGRAM: XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE       XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                     (3)       (4)
                              ************************* NON-CROSSOVER CLAIMS PROCESSED IN ***********************
PROVIDER  AVERAGE  ---- 1-30 DAYS ----     ----31-60 DAYS ----    ----61-90 DAYS ----    ---- 4-6 MONTHS----
NUMBER    DAYS TO  NUMBER       AMOUNT    NUMBER       AMOUNT    NUMBER       AMOUNT    NUMBER       AMOUNT
AND NAME   FILING  CLAIMS       PAID      CLAIMS       PAID      CLAIMS       PAID      CLAIMS       PAID


   (5)                (6)
1234567890    XXXXXXXXXXXXXXXXXXXXXXXXX    (10)      (11)            (12)        (13)        (14)        (15)
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
             (18)       (19)        (20)      (21)        (22)        (23)        (24)        (25)        (26)
1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ

1234567890   XXXXXXXXXXXXXXXXXXXXXXXXX
THIS MONTH ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
3 MO AVER  ZZ9.9 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZZZZZZ9 $$$$$$$$9.99 ZZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGAM [Code]	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE [Code]	Provider Type	DE4006	
4	PROVIDER TYPE [Description]	Provider Type Descrip-tion	DE4296	
5	PROVIDER NUMBER	Provider Base Iden-tification Number	DE4001	
6	PROVIDER NAME	Provider Name	DE4085	

7	THIS MONTH - AVERAGE DAYS TO FILING	Calculated	DE0002	The average number of days to filing for all original, non-crossover claims paid to the provider within the current reporting period. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
8	THIS MONTH - 1-30 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the current reporting period where the days to filing is between 1 and 30 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
9	THIS MONTH - 1-30 DAYS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the current reporting period where the days to filing is between 1 and 30 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
10	THIS MONTH - 31-60 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the current reporting period where the days to filing is between 31 and 60 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
11	THIS MONTH - 31-60 DAYS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the current reporting period where the days to filing is between 31 and 60 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
12	THIS MONTH - 61-90 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the current reporting period where the days to filing is between 61 and 90 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
13	THIS MONTH -	Calculated	DE0002	The total amount paid to the provider

	61-90 DAYS - AMOUNT PAID			on all original, non-crossover claims during the current reporting period where the days to filing is between 61 and 90 days. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
14	THIS MONTH - 4-6 MONTHS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the current reporting period where the days to filing is between 4 and 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
15	THIS MONTH - 4-6 MONTHS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the current reporting period where the days to filing is between 4 and 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
16	THIS MONTH - MORE THAN 6 MTH - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the current reporting period where the days to filing is more than 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
17	THIS MONTH - MORE THAN 6 MTH - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the current reporting period where the days to filing is more than 6 months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
18	3 MO AVER - AVERAGE DAYS TO FILING	Calculated	DE0002	The average number of days to filing for all original, non-crossover claims paid within the previous three months. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
19	3 MO AVER - 1-30 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous 3 months where the days to filing is between 1 and 30 days, divided by 3.

				Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
20	3 MO AVER - 1-30 DAYS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the previous 3 months where the days to filing is between 1 and 30 days, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
21	3 MO AVER - 31-60 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid to the provider during the previous 3 months where the days to filing is between 31 and 60 days, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
22	3 MO AVER - 31-60 DAYS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the previous 3 months where the days to filing is between 31 and 60 days, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
23	3 MO AVER - 61-90 DAYS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous 3 months where the days to filing is between 61 and 90 days, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
24	3 MO AVER - 61-90 DAYS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the previous 3 months where the days to filing is between 61 and 90 days, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
25	3 MO AVER - 4-6 MONTHS - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous 3 months where the days to filing is between 4 and 6 months, divided by 3. Days to filing is calculated as the num-

				ber of days between the from date of service and the claim ICN date.
26	3 MO AVER - 4-6 MONTHS - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the previous 3 months where the days to filing is between 4 and 6 months, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
27	3 MO AVER - MORE THAN 6 MTH - NUMBER CLAIMS	Calculated	DE0002	The number of original, non-crossover claims paid during the previous 3 months where the days to filing is more than 6 months, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.
28	3 MO AVER - MORE THAN 6 MTH - AMOUNT PAID	Calculated	DE0002	The total amount paid to the provider on all original, non-crossover claims during the previous 3 months where the days to filing is more than 6 months, divided by 3. Days to filing is calculated as the number of days between the from date of service and the claim ICN date.

Output Reports MR-O-017 Third Party Payment Analysis

General Information

The purpose of the Third Party Analysis is to provide information on each individual provider's detection and subsequent collection of third party payments for Medicaid recipients. This report can be used by provider relations personnel to identify those providers who appear lax in their obligation to collect third party resources prior to making a claim on Title XIX for State funds.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Category of Service Provider Specialty Provider Number
Control Breaks:	Benefit Program Code Category of Service Provider Specialty

Third Party Payment Analysis (MR-O-017)

```
MRM080                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:      JUNE,2001                             THIRD PARTY PAYMENT ANALYSIS                                PAG
RUN DATE: 01/15/2003 14:10
                        (01)  (02)
BENEFIT PROGRAM CODE: 01 MEDICAID
      (03)                                  (04)      (05)       (06)       (07)      (08)        (09)        (1
                                                                                                  TOT CLM
PROVIDER NAME                              PROV    PROVIDER    NUM OF    NUM WITH  PCT WITH     DOLLARS       T
                                          NUMBER    LOCALITY    CLAIMS      TPL        TPL     SUBMITTED    DOLL

                      (12)     (13)                                                      (14)      (15)
CATEGORY OF SERVICE: 010 INPATIENT HOSPITAL                          PROVIDER SPECIALITY: 000 NO SPECIALTY

XXXXXXXXXXXXXXXXXXXXX                  1234567890   999    999,999,999  999,999,999 999.99% $99,999.999.99 $99,
XXXXXXXXXXXXXXXXXXXXX                  1234567890   999    999,999,999  999,999,999 999.99% $99,999.999.99 $99,
XXXXXXXXXXXXXXXXXXXXX                  1234567890   999    999,999,999  999,999,999 999.99% $99,999.999.99 $99,
XXXXXXXXXXXXXXXXXXXXX                  1234567890   999    999,999,999  999,999,999 999.99% $99,999,999.99 $99,
CATEGORY OF SERVICE: 010 INPATIENT HOSPITAL                          PROVIDER SPECIALITY: 036 CASE MANAGEMENT

XXXXXXXXXXXXXXXXXXXXX                  1234567890     999   999,999,999 999,999,999 999.99% $99,999,999.99 $99,
XXXXXXXXXXXXXXXXXXXXX                  1234567890     999   999,999,999 999,999,999 999.99% $99,999,999.99 $99,

TOTAL CATEGORY OF SERVICE :                                 999,999,999 999,999,999 999.99% $99,999,999.99 $99,9


CATEGORY OF SERVICE: 021 MENTAL HEALTH FACILITY                      PROVIDER SPECIALITY: 000 NO SPECIALTY

XXXXXXXXXXXXXXXXXXXXX                  1234567890    999    999,999,999  999,999,999 999.99% $99,999,999.99 $99
XXXXXXXXXXXXXXXXXXXXX                  1234567890    999    999,999,999  999,999,999 999.99% $99,999,999.99 $99
XXXXXXXXXXXXXXXXXXXXX                  1234567890    999    999,999,999  999,999,999 999.99% $99,999,999.99 $99


TOTAL CATEGORY OF SERVICE :                                 999,999,999  999,999,999 999.99% $99,999,999.99 $99,

TOTAL BENEFIT PROGRAM  01  (16)                             999,999,999  999,999,999 999.99% $99,999,999.99 $99,


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	(BENEFIT PROGRAM DESCRIPTION)	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER NAME	Provider Name	DE4085	
4	PROVIDER NUMBER	National Provider Iden-tifier	DE4700	
5	PROVIDER LOCALITY	Provider Locality Code	DE4089	
6	NUM OF CLAIMS	MARS Claims Paid by Provider/Category of	DE6540	The total number of claims filed in the process month.

		Service		
7	NUM WITH TPL	MARS Claims Paid with Third Party by Provider/Category of Service	DE6541	The number of claims containing payment from a third party.
8	PCT WITH TPL	MARS Percent of Claims with Third Party Payment by Provider Category of Service	DE6507	The number of claims containing payment from a third party as a percent of the total number of claims field.
9	TOT CLM DOLLARS SUBMITTED	MARS Billed Amount by Provider/Category of Service	DE6542	The total amount claimed by the provider as reimbursement for services rendered to recipients for all claims submitted.
10	TP DOLLARS	MARS Third Party Payment Amount by Provider/Category of Service	DE6543	The total amount of third party payments reported by the provider on all claims submitted.
11	TP DOLLARS AS A PCT OF TOT CLM DOLLARS	MARS Third Party Payments as a Percentage of Total Dollars by Provider/Category of Service	DE6505	Third Party Dollars as a percent of Total Claim Dollars. (6428 / 6441) x 100)
12	CATEGORY OF SERVICE	Claim Category of Service	DE2038	
13	(STATE COS DESCRIPTION)	Claim Category of Service Description	DE9921	
14	PROVIDER SPECIALITY	Provider Specialty Code	DE4007	
15	(PROVIDER SPECIALTY DESCRIPTION)	Provider Specialty Code Description	DE4298	
16	TOTAL BENEFIT PROGRAM	Calculated	DE0002	The total for the Benefit Program being reported.
17	TOTAL CATEGORY OF SERVICE	Calculated	DE0002	The sum of all claims dollars with Third Party Payment, for all Categories of Service, divided by the total claims dollars , and then multiplied by 100.

Output Reports MR-O-018 Provider Error Frequency Analysis

General Information

The Provider Error Frequency Analysis provides information on individual provider claim errors and rejections. This report also includes statistics on the top five error codes and denial reasons within each provider type.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Relations Report Writer (MRM080)
Confidential:	No
Sequence:	Benefit Program Code Provider Type Provider Number
Control Breaks:	Benefit Program Code Provider Type

Provider Error Frequency Analysis (MR-O-018)

```
MRM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MMMMMMMM,CCYY                            PROVIDER ERROR FREQUENCY ANALYSIS                           PA
RUN DATE: MM/DD/CCYY HH:MM

BENEFIT PROGRAM: XX-  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  (1)       (2)

PROVIDER TYPE:   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  (3)       (4)

PROVIDER         NUMBER OF      NO. CLAIMS      NO. CLAIMS      PERCENT PAID      NO. CLAIMS      NO. CLAIMS
NUMBER          CLAIMS PAID       PENDED         REJECTED      FROM SUSPENSE       DENIED         OVERRIDDEN
   (5)              (6)             (7)             (8)             (9)             (10)            (11)
1234567890  ZZ,ZZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9          ZZ9.99%   ZZ,ZZZ,ZZZ,ZZ9 Z,ZZZ,ZZZ,ZZ9
1234567890  ZZ,ZZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9          ZZ9.99%   ZZ,ZZZ,ZZZ,ZZ9 Z,ZZZ,ZZZ,ZZ9
1234567890  ZZ,ZZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9          ZZ9.99%   ZZ,ZZZ,ZZZ,ZZ9 Z,ZZZ,ZZZ,ZZ9

TOTAL PROVIDER TYPE  :  XXX
            ZZ,ZZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9          ZZ9.99%   ZZ,ZZZ,ZZZ,ZZ9 Z,ZZZ,ZZZ,ZZ9

TOP FIVE ERRORS                                                          PERCENT CLAIMS      NUMBER OF CLAI
CODE   DESCRIPTION                                                      WITH THIS ERROR     WITH THIS ERRO
 (13)            (14)                                                        (15)                (16)
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9

TOP FIVE DENIAL REASONS                                                  PERCENT OF DENIED   NUMBER OF DENI
CODE   DESCRIPTION                                                     CLAIMS WITH THIS CODE  CLAIMS WITH TH
 (17)            (18)                                                        (19)                (20)
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZ9.99%        ZZZ,ZZZ,ZZ9

TOTAL BENEFIT PROGRAM : XX
            ZZ,ZZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9          ZZ9.99%   ZZ,ZZZ,ZZZ,ZZ9 Z,ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE	Provider Type	DE4006	
4	PROVIDER TYPE [Description]	Provider Type Descrip-tion	DE4296	
5	PROVIDER NUMBER	Provider Base Iden-tification Number	DE4001	
6	NUMBER OF	Calculated	DE0002	Number of claims paid (claim status =

	CLAIMS PAID			'1') for the provider during the month.
7	NO. CLAIMS PENDED	Calculated	DE0002	Number of claims pended (claim status = '4') for the provider during the month.
8	NO. CLAIMS REJECTED	Calculated	DE0002	Number of claims rejected (claim status = '2') for the provider during the month.
9	PERCENT PAID FROM SUSPENSE	Calculated	DE0002	Number of claims paid this month that had been pended one or more times (EWR-N-TIMES-PEND-TOTAL > 0) divided by NUMBER OF CLAIMS PAID (field #6) times 100.
10	NO. CLAIMS DENIED	Calculated	DE0002	Number of claims denied (claim status = '3') for the provider during the month.
11	NO. CLAIMS OVERRIDDEN	Calculated	DE0002	Number of paid claims that have at least one error occurrence with a 'Y' in the Claim Edit Override field (DE# 2078).
12	AVERAGE NUMBER OF CLAIM ERRORS PER 100 PAID	Calculated	DE0002	Total number of errors on all paid, denied, pended, & rejected claims divided by the NUMBER OF CLAIMS PAID (field #6) times 100.
13	TOP FIVE ERRORS - CODE	Error Text Error Code	DE5501	
14	TOP FIVE ERRORS - DESCRIPTION	Error Text Short Description	DE5513	
15	PERCENT CLAIMS WITH THIS ERROR	Calculated	DE0002	NUMBER OF CLAIMS WITH THIS ERROR (field #16) divided by the total paid and denied claims (fields 6 & 10) times 100.
16	NUMBER OF CLAIMS WITH THIS ERROR	Calculated	DE0002	The number of claims with the specified error code. Ranking shows the top five error codes occurring on all claims paid, denied, pended, or rejected during the month.
17	TOP FIVE DENIAL REASONS - CODE	Error Text Error Code	DE5501	
18	TOP FIVE DENIAL REASONS - DESCRIPTION	Error Text Short Description	DE5513	
19	PERCENT OF	Calculated	DE0002	NUMBER OF DENIED CLAIMS

	DENIED CLAIMS FOR ERROR CODE			WITH THIS CODE (field #20) divided by the total denied claims (field# 10) times 100.
20	NUMBER OF DENIED CLAIMS WITH THIS ERROR CODE	Calculated	DE0002	The number of denied claims with the specified denial error code. Denial errors are identified by a 'D' in the Error Disposition field (DE#5603). Ranking shows the top five denial error codes occurring on denied claims during the month.

Output Reports MR-O-019A Provider Ranking List - by Category of Service

General Information

The Provider Ranking List lists claim payment information by provider within each benefit program and category of service. This report includes averages and rankings of the providers based on number of claims and total payment amount.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Ranking List (MRM085)
Confidential:	No
Sequence:	Version A: YTD Payment Amount
Control Breaks:	Benefit Program Code Category of Service

Provider Ranking List - by Category of Service (MR-O-019A)

```
MRM085                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MMMMMMMM,CCYY      MARS PROVIDER RANKING LIST-PAYMENT AMOUNT BY PAYMENT DATE IN STATE FYEAR          PAGE
RUN DATE: MM/DD/CCYY HH:MM
                    (1)      (2)
BENEFIT PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

COS/                                                          NUMBER     PCNT OF                    PCNT OF
PROVIDER            PROVIDER                     PROVIDER     OF PAID    PROVIDER      YTD PAYMENT  PROV        AVERAG
NUMBER               NAME                        LOCALITY     CLAIMS     COS CLAIMS       AMOUNT    PAYMENT     PAYMEN
 (3)      (4)
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (6)  (7)    (8)       (9)                (10)     (11)        (12)
(5)1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
COS TOTALS                                               ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$$
                                                            (15)                    (16)                      (17
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
COS TOTALS                                               ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$$

XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$$
COS TOTALS                                               ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$$

TOTAL BENEFIT PROGRAM: XX                 ZZZ,ZZZ,ZZ9-     $$$,$$$,$$$,$$9.99-     $$$,$$$,$$$,$$9-
                                             (18)             (19)                    (20)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	COS [Code]	Claim Category of Service	DE2038	
4	COS [Description]	Claim Category of Service Description	DE9921	
5	PROVIDER NUMBER	National Provider Identifier	DE4700	
6	PROVIDER NAME	Provider Name	DE4085	
7	PROVIDER LOCALITY	Provider Locality Code	DE4089	
8	NUMBER OF PAID CLAIMS	Calculated	DE0002	The number of claims paid for the provider during the current state fiscal

				year (within the benefit program / COS).
9	PCNT OF PROVIDER COS CLAIMS	Calculated	DE0002	NUMBER OF PAID CLAIMS for the provider (field #8) divided by COS TOTAL - NUMBER OF PAID CLAIMS (field #15) times 100.
10	YTD PAYMENT AMOUNT	Calculated	DE0002	The total payment amount on claims paid for the provider during the current state fiscal year (within the benefit program / COS).
11	PCNT OF PROV PAYMENT	Calculated	DE0002	YTD PAYMENT AMOUNT for the provider (field #10) divided by COS TOTAL - YTD PAYMENT AMOUNT (field #16) times 100.
12	AVERAGE PAYMENT	Calculated	DE0002	YTD PAYMENT AMOUNT (field #10) divided by NUMBER OF PAID CLAIMS (field #8).
13	RANK BY PAYMENT - COS	Calculated	DE0002	Provider rank within the Category of Service based on Payment Amount.
14	RANK BY PAYMENT - ALL	Calculated	DE0002	Provider rank within the Benefit Program based on Payment Amount.
15	COS TOTALS - NUMBER OF PAID CLAIMS	Calculated	DE0002	Sum of NUMBER OF PAID CLAIMS (field #8) for all individual providers within the COS.
16	COS TOTALS - YTD PAYMENT AMOUNT	Calculated	DE0002	Sum of YTD PAYMENT AMOUNT (field #10) for all individual providers within the COS.
17	COS TOTALS - AVERAGE PAYMENT	Calculated	DE0002	COST TOTALS - YTD PAYMENT AMOUNT (field #16) divided by COS TOTALS - NUMBER OF PAID CLAIMS (field #15).
18	TOTAL BENEFIT PROGRAM - NUMBER OF PAID CLAIMS	Calculated	DE0002	Sum of NUMBER OF PAID CLAIMS (field #8) for all individual providers within the Benefit Program.
19	TOTAL BENEFIT PROGRAM - YTD PAYMENT AMOUNT	Calculated	DE0002	Sum of YTD PAYMENT AMOUNT (field #10) for all individual providers within the Benefit Program.
20	TOTAL BENEFIT PROGRAM - AVERAGE PAYMENT	Calculated	DE0002	BENEFIT PROGRAM TOTAL - YTD PAYMENT AMOUNT (field #19) divided by BENEFIT PROGRAM TOTAL - NUMBER OF PAID CLAIMS (field #18).

Output Reports MR-O-019B Provider Ranking List - by Provider Name

General Information

The Provider Ranking List lists claim payment information by provider within each benefit program and provider name. This report includes averages and rankings of the providers based on number of claims and total payment amount.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	MAS MARS Unit
Program:	Provider Ranking List (MRM085)
Confidential:	No
Sequence:	Version B: Provider Name
Control Breaks:	Benefit Program Code Provider Name

Provider Ranking List - by Provider Name (MR-O-019B)

```
MRM085                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MMMMMMMM,CCYY      MARS PROVIDER RANKING LIST-PROVIDER NAME BY PAYMENT DATE IN STATE FYEAR           PAG
RUN DATE: MM/DD/CCYY HH:MM
                  (1)      (2)
BENEFIT PROGRAM: XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

COS/                                                          NUMBER     PCNT OF                    PCNT OF
PROVIDER            PROVIDER                     PROVIDER    OF PAID    PROVIDER      YTD PAYMENT  PROV        AVERA
NUMBER               NAME                        LOCALITY    CLAIMS     COS CLAIMS       AMOUNT    PAYMENT     PAYME
 (3)      (4)
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (6)   (7)   (8)       (9)                 (10)    (11)        (12
(5)1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
COS TOTALS                                              ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$
                                                              (15)                 (16)                        (1
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
COS TOTALS                                              ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$

XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX ZZZ,ZZZ,ZZ9-ZZ9.99-%$$$,$$$,$$$,$$9.99-ZZ9.99-%$$$,$$$,$
COS TOTALS                                              ZZZ,ZZZ,ZZ9-        $$$,$$$,$$$,$$9.99-        $$$,$$$,$$

TOTAL BENEFIT PROGRAM: XX                 ZZZ,ZZZ,ZZ9-     $$$,$$$,$$$,$$9.99-     $$$,$$$,$$$,$$9-
                                               (18)             (19)                    (20)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	COS [Code]	Claim Category of Service	DE2038	
4	COS [Description]	Claim Category of Service Description	DE9921	
5	PROVIDER NUMBER	National Provider Identifier	DE4700	
6	PROVIDER NAME	Provider Name	DE4085	
7	PROVIDER LOCALITY	Provider Locality Code	DE4089	
8	NUMBER OF PAID CLAIMS	Calculated	DE0002	The number of claims paid for the provider during the current state fiscal

				year (within the benefit program / COS).
9	PCNT OF PROVIDER COS CLAIMS	Calculated	DE0002	NUMBER OF PAID CLAIMS for the provider (field #8) divided by COS TOTAL - NUMBER OF PAID CLAIMS (field #15) times 100.
10	YTD PAYMENT AMOUNT	Calculated	DE0002	The total payment amount on claims paid for the provider during the current state fiscal year (within the benefit program / COS).
11	PCNT OF PROV PAYMENT	Calculated	DE0002	YTD PAYMENT AMOUNT for the provider (field #10) divided by COS TOTAL - YTD PAYMENT AMOUNT (field #16) times 100.
12	AVERAGE PAYMENT	Calculated	DE0002	YTD PAYMENT AMOUNT (field #10) divided by NUMBER OF PAID CLAIMS (field #8).
13	RANK BY PAYMENT - COS	Calculated	DE0002	Provider rank within the Category of Service based on Payment Amount.
14	RANK BY PAYMENT - ALL	Calculated	DE0002	Provider rank within the Benefit Program based on Payment Amount.
15	COS TOTALS - NUMBER OF PAID CLAIMS	Calculated	DE0002	Sum of NUMBER OF PAID CLAIMS (field #8) for all individual providers within the COS.
16	COS TOTALS - YTD PAYMENT AMOUNT	Calculated	DE0002	Sum of YTD PAYMENT AMOUNT (field #10) for all individual providers within the COS.
17	COS TOTALS - AVERAGE PAYMENT	Calculated	DE0002	COST TOTALS - YTD PAYMENT AMOUNT (field #16) divided by COS TOTALS - NUMBER OF PAID CLAIMS (field #15).
18	TOTAL BENEFIT PROGRAM - NUMBER OF PAID CLAIMS	Calculated	DE0002	Sum of NUMBER OF PAID CLAIMS (field #8) for all individual providers within the Benefit Program.
19	TOTAL BENEFIT PROGRAM - YTD PAYMENT AMOUNT	Calculated	DE0002	Sum of YTD PAYMENT AMOUNT (field #10) for all individual providers within the Benefit Program.
20	TOTAL BENEFIT PROGRAM - AVERAGE PAYMENT	Calculated	DE0002	BENEFIT PROGRAM TOTAL - YTD PAYMENT AMOUNT (field #19) divided by BENEFIT PROGRAM TOTAL - NUMBER OF PAID CLAIMS (field #18).

Output Reports MR-O-021A Drug Usage Frequency Analysis - Medicaid

General Information

The Drug Usage Frequency Analysis presents data on the usage of drugs by Medicaid recipients. Each drug, by cost and by number of prescriptions, is compared with other drugs in the same class and with all drugs. The report assists in Program planning and control by presenting drug usage information. This information reveals the drugs most commonly used and indicates their expenses to Medicaid. When this report is produced quarterly, the figures are quarter-to-date.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	N/A
Confidential:	No
Sequence:	Drug Therapeutic Class Drug Code
Control Breaks:	Drug Therapeutic Class Drug Code

Drug Usage Frequency Analysis - Medicaid (MR-O-021A)

```
MRM200                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                                  DRUG USAGE FREQUENCY ANALYSIS                               PAGE
RUN DATE: MM/DD/CCYY   HH:MM
BENEFIT PROGRAM CODE:        01
                                       *** NUMBER OF PRESCRIPTIONS ***   *******  AMOUNT CHARGED AND PAID ******* ** U
                                                                                                                  AL
THER      GENERIC
CLASS     CODE

            DRUG              DRUG            % ALL  % DRUG AVG QTY        AMOUNT      AVG       AMOUNT    AVG
            NAME              CODE     TOTAL  DRUGS   CLASS   DISP          PAID      PAID      CHARGED   CHARGED  N
(01)       (02)              (03)       (04)  (05)     (06)  (07)          (08)     (09)        (10)      (11)   (1
 XX       99999  :  XXXXXXXXXXXXXXXXXXX

           (16)              (17)
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9

                                (18)  (19)     (20)                        (21)       (22)         (23)      (24)
     GENERIC TOTAL   NO OF DRUGS  999  99,999   9.99%                     999,999.99 9,999.99    99,999.99 99,999.99
                                (25)  (26)     (27)                        (28)       (29)         (30)      (31)
     CLASS TOTAL     NO OF DRUGS  999  99,999   9.99%                     999,999.99 9,999.99    99,999.99 99,999.99

 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9
 XX       99999  :  XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  9

     GENERIC TOTAL   NO OF DRUGS  999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99

      CLASS TOTAL    NO OF DRUGS  999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99
                                (32)  (33)                                  (34)       (35)         (36)      (37)
      GRAND TOTAL    NO OF DRUGS  999  99,999                           9,999,999.99 9,999.99 9,999,999.99 99,999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	THERAPEUTIC CLASS	Drug Therapeutic Class Generic Code	DE5037	
2	GENERIC CODE	Drug Generic Code Number (GCN)	DE5061	
3	GENERIC CODE DESCRIPTION	Drug Therapeutic Class Generic Description	DE5294	
4	TOTAL DRUG PRESC.	MARS Number of Prescriptions by Drug Code	DE6703	The total number of prescriptions for each drug listed.
5	PERCENT DRUG	Calculated	DE0002	The number of prescriptions for each drug as a percentage of the total number of prescriptions for all drugs regard-

				less of their therapeutic classification.
6	PERCENT CLASS	Calculated	DE0002	The number of prescriptions for each drug as a percentage of the total number of prescriptions for all drugs in the same therapeutic classification.
7	AVG. QTY.	MARS Average Units per Prescription by Drug Code	DE6706	The average quantity of units dispensed per prescription for that drug. The definition of a quantity unit varies from drug to drug. Examples of quantity units are tablets, milliliters, capsules, and grams.
8	PRESCRIPTION PAYMENT AMOUNT	MARS Payment by Drug Code	DE6702	The total expenditure by Medicaid for each drug. This includes drug cost and dispensing fee.
9	AVERAGE PAYMENT	Calculated	DE0002	The average Medicaid expenditure for each drug per prescription for that drug.
12	DRUG PRESC.	Calculated	DE0002	Usage rank by number of prescriptions for all drugs. The relative position of each drug, based on the number of prescriptions, compared to all drugs regardless of therapeutic classification.
13	DRUG PAYMENT	Calculated	DE0002	Usage rank by payment for all drugs. The relative position of each drug, based on Medicaid expenditure, compared to all drugs regardless of therapeutic classification.
14	CLASS PRESC.	Calculated	DE0002	Usage rank within the same therapeutic classification, based on the number of prescriptions. The relative position of each drug, based on number of prescriptions, compared to all drugs within the same therapeutic classification.
15	CLASS PAYMENT	Calculated	DE0002	Usage rank within the same therapeutic classification, based on total payment. The relative position of each drug, based on Medicaid expenditure, compared to all drugs within the same therapeutic classification.
16	DRUG NAME	Drug Brand Name	DE5208	
17	NDC DRUG CODE	Drug National Drug Code (NDC) Format Code	DE5192	

18	GENERIC TOTAL NUMBER OF DRUGS	Calculated	DE0002	TOTAL NUMBER OF GENERIC DRUGS IN CLASS
19	GENERIC TOTAL NUMBER OF PRESCRIPTION S IN GENERIC CLASS	Calculated	DE0002	PERCENT OF TOTAL PRESCRIPTIONS FOR GENERIC CLASS BY THERPEUTIC CLASS
20	GENERIC TOTAL PERCENT OF ALL DRUG IN GENERIC AND THEREPUTIC CLASS	Calculated	DE0002	GENERIC TOTAL PERCENT OF ALL DRUG IN THEREPUETIC CLASS
21	TOTAL AMOUNT PAID BY GENERIC CLASS AND THEREPEUTIC CLASS	Calculated	DE0002	SUM OF TOTAL AMOUNTS PAID IN GENERIC CLASS
22	AVERAGE PAID IN GENERIC CLASS BY THEREPEUTIC CLASS	Calculated	DE0002	AVERAGE CALCULATION NUMBER OF SCRIPTS DIVIDED INTO PAYMENTS
23	TOTAL AMOUNT CHARGE IN GENERIC CLASS AND THEREPUETIC CLASS	Calculated	DE0002	SUM OF BILLED CHARGES IN GENERIC CLASS AND THEREPEUTIC CLASS
24	AVERAGED CHARGED IN GENERIC CLASS BY THERPEUTIC CLASS	Calculated	DE0002	NUMBER OF PRESCRIPTIONS DIVIDED INTO SUM OF BILLED CHARGES
25	THEPEUTIC CLASS TOTAL DRUGS	Calculated	DE0002	TOTAL NUMBER OF GENERIC DRUGS REPORTED IN THEREPEUTIC CLASS
26	TOTAL PRESCRIPTIONS FOR THEREPEUTIC CLASS	Calculated	DE0002	SUM OF GENERIC PRESCIPTIONS
27	TOTAL PERCENT	Calculated	DE0002	PERCENTAGE OF THIS

	OF ALL DRUGS IN THEREPEUTIC CLASS			THEREPEUTIC CLASS IN ALL CLASS
28	TOTAL AMOUNT PAID IN THEREPUETIC CLASS	Calculated	DE0002	SUM OF AMOUNT PAID OF GENERIC CLASSES
29	AVERAGE PAID FOR THEREPUETIC CLASS	Calculated	DE0002	AVERAGE PAYMENT FOR THEREPEUTIC CLASS
30	TOTAL AMOUNT CHARGED FOR THEREPEUTIC CLASS	Calculated	DE0002	TOTAL OF GENERIC CLASS BILLED CHARGES
31	AVERAGE BILLED CHARGE	Calculated	DE0002	AVERAGE OF THE BILLED CHARGES FOR GENERIC CLASS IN THIS THEREPEUTIC CLASS
32	GRAND TOTAL COUNT OF DRUGS	Calculated	DE0002	TOTAL NUMBER OF DRUGS
33	GRAND TOTAL NUMBER OS PRESCRIPTIONS	Calculated	DE0002	SUM OF ALL PRESCRIPTIONS
34	GRAND TOTAL AMOUNT PAID	Calculated	DE0002	SUM OF ALL PAYMENTS
35	GRAND TOTAL AVERAGE PAYMENT	Calculated	DE0002	AVERAGE AMOUNT OF PAYMENTS OF GRAND TOTAL
36	GRAND TOTAL BILLED CHARGES	Calculated	DE0002	SUM OF ALL BILLED CHARGES
37	GRAND TOTAL AVERAGE BILLED CHARGE	Calculated	DE0002	GRAND TOTAL AVERAGE OFF BILLED CHARGES

Output Reports MR-O-021B Drug Usage Frequency Analysis by Therapeutic Class - Medicaid

General Information

The Drug Usage Frequency Analysis presents data on the usage of drugs by FAMIS recipients. Section B Ranks Therapeutic Class by number of prescriptions and payment.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	N/A
Confidential:	No
Sequence:	Drug Therapeutic Class Drug Code
Control Breaks:	Drug Therapeutic Class Drug Code

Drug Usage Frequency Analysis by Therapeutic Class - Medicaid (MR-O-021B)

MRQ200
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
BENEFIT PROGRAM CODE: 01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DRUG USAGE CLASS SUMMARY

REPORT NO: MR-0
PAGE NUMBER:999

(01) DRUG CLASS	(02) TOTAL	(03) % ALL DRUGS	(04) AMOUNT PAID	(05) AVG PAID	(06) AMOUNT CHARGED	(07) AVG CHARGED	(08) NUM	(0 P
	*** NUMBER OF PRESCRIPTIONS ***		******* AMOUNT CHARGED AND PAID *******				** USAGE RANKE ALL DRUGS	
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
XX	99,999	9.99%	9,999,999.99	99,999.99	9,999,999.99	99,999.99	9,999	9,9
	(10)		(11)	(12)	(13)	(14)		
GRAND TOTAL	9,999,9999		99,999,999.99	99,999.99	99,999,999.99	99,999.99		

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	THERAPEUTIC CLASS	Drug Therapeutic Class Generic Code	DE5037	
2	TOTAL DRUG PRESC.	MARS Number of Prescriptions by Drug Code	DE6703	The total number of prescriptions for each drug listed.
3	PERCENT ALL DRUG	Calculated	DE0002	The number of prescriptions for each drug as a percentage of the total number of prescriptions for all drugs regardless of their therapeutic classification.
4	AMOUNT PAID	MARS Payment by Drug Code	DE6702	The total expenditure by therapeutic class. This includes drug cost and dispensing fee.

5	AVERAGE PAYMENT	Calculated	DE0002	The average Medicaid expenditure for each drug per prescription for that drug.
6	AMOUNT CHARGED	Calculated	DE0002	SUM OF BILLED CHARGES IN THEREPEUTIC CLASS
7	AVERAGE BILLED CHARGE	Calculated	DE0002	AVERAGE OF THE BILLED CHARGES FOR THIS THEREPEUTIC CLASS
8	RANK BY NUMBER OF DRUG PRESCSRIPTIONS.	Calculated	DE0002	Usage rank by number of pre-scriptions for all drugs. The relative position of TC, based on the number of prescriptions, compared to all drugs.
9	RANK BY DRUG PAYMENT	Calculated	DE0002	Usage rank by payment for all drugs. The relative position of each drug, based on expenditure, compared to all drugs regardless.
10	GRAND TOTAL NUMBER OS PRESCRIPTIONS	Calculated	DE0002	SUM OF ALL PRESCRIPTIONS
11	GRAND TOTAL AMOUNT PAID	Calculated	DE0002	SUM OF ALL PAYMENTS
12	GRAND TOTAL AVERAGE PAYMENT	Calculated	DE0002	AVERAGE AMOUNT OF PAYMENTS OF GRAND TOTAL
13	GRAND TOTAL BILLED CHARGES	Calculated	DE0002	SUM OF ALL BILLED CHARGES
14	GRAND TOTAL AVERAGE BILLED CHARGE	Calculated	DE0002	GRAND TOTAL AVERAGE OFF BILLED CHARGES

Output Reports MR-O-021C Drug Usage Frequency Analysis - FAMIS

General Information

The Drug Usage Frequency Analysis presents data on the usage of drugs by FAMIS recipients. Each drug, by cost and by number of prescriptions, is compared with other drugs in the same class and with all drugs. The report assists in Program planning and control by presenting drug usage information. This information reveals the drugs most commonly used and indicates their expenses to Medicaid. When this report is produced quarterly, the figures are quarter-to-date.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	N/A
Confidential:	No
Sequence:	Drug Therapeutic Class Drug Code
Control Breaks:	Drug Therapeutic Class Drug Code

Drug Usage Frequency Analysis - FAMIS (MR-O-021C)

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MRM200                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO.   MR-0-2
OF: MM/DD/CCYY                            DRUG USAGE FREQUENCY ANALYSIS                                 PAGE NUMBER:99999
RUN DATE: MM/DD/CCYY   HH:MM
BENEFIT PROGRAM CODE:        07
                                      *** NUMBER OF PRESCRIPTIONS ***   *******  AMOUNT CHARGED AND PAID ******* ** USAGE RANKED B
                                                                                                                ALL DRUGS   CLA
THER      GENERIC
CLASS     CODE

            DRUG              DRUG            % ALL  % DRUG AVG QTY         AMOUNT      AVG       AMOUNT    AVG
            NAME              CODE     TOTAL  DRUGS   CLASS   DISP           PAID      PAID      CHARGED   CHARGED  NUM  PAY  NUM
(01)        (02)             (03)        (04)  (05)     (06)  (07)           (08)      (09)        (10)      (11)   (12) (13) (14)
 XX        99999  :  XXXXXXXXXXXXXXXXXX

           (16)              (17)
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999

                                (18)  (19)     (20)                       (21)       (22)        (23)      (24)
     GENERIC TOTAL  NO OF DRUGS  999  99,999   9.99%                     999,999.99 9,999.99    99,999.99 99,999.99
                                (25)  (26)     (27)                       (28)       (29)        (30)      (31)
     CLASS TOTAL    NO OF DRUGS  999  99,999   9.99%                     999,999.99 9,999.99    99,999.99 99,999.99

 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999
 XX        99999  :  XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXXXXXXXX 99999999999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99  999  999  999

     GENERIC TOTAL  NO OF DRUGS  999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99

      CLASS TOTAL   NO OF DRUGS  999  99,999   9.99%   9.99%  99999     999,999.99 9,999.99    99,999.99 99,999.99
                                (32)  (33)                                (34)       (35)        (36)      (37)
      GRAND TOTAL   NO OF DRUGS  999  99,999                           9,999,999.99 9,999.99 9,999,999.99 99,999.99
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	THERAPEUTIC CLASS	Drug Therapeutic Class Generic Code	DE5037	
2	GENERIC CODE	Drug Generic Code Number (GCN)	DE5061	
3	GENERIC CODE DESCRIPTION	Drug Therapeutic Class Generic Description	DE5294	
4	TOTAL DRUG PRESC.	MARS Number of Prescriptions by Drug Code	DE6703	The total number of prescriptions for each drug listed.
5	PERCENT DRUG	Calculated	DE0002	The number of prescriptions for each drug as a percentage of the total number of prescriptions for all drugs regard-

				less of their therapeutic classification.
6	PERCENT CLASS	Calculated	DE0002	The number of prescriptions for each drug as a percentage of the total number of prescriptions for all drugs in the same therapeutic classification.
7	AVG. QTY.	MARS Average Units per Prescription by Drug Code	DE6706	The average quantity of units dispensed per prescription for that drug. The definition of a quantity unit varies from drug to drug. Examples of quantity units are tablets, milliliters, capsules, and grams.
8	PRESCRIPTION PAYMENT AMOUNT	MARS Payment by Drug Code	DE6702	The total expenditure by Medicaid for each drug. This includes drug cost and dispensing fee.
9	AVERAGE PAYMENT	Calculated	DE0002	The average Medicaid expenditure for each drug per prescription for that drug. (6702 - 6703)
12	DRUG PRESC.	Calculated	DE0002	Usage rank by number of prescriptions for all drugs. The relative position of each drug, based on the number of prescriptions, compared to all drugs regardless of therapeutic classification.
13	DRUG PAYMENT	Calculated	DE0002	Usage rank by payment for all drugs. The relative position of each drug, based on Medicaid expenditure, compared to all drugs regardless of therapeutic classification.
14	CLASS PRESC.	Calculated	DE0002	Usage rank within the same therapeutic classification, based on the number of prescriptions. The relative position of each drug, based on number of prescriptions, compared to all drugs within the same therapeutic classification.
15	CLASS PAYMENT	Calculated	DE0002	Usage rank within the same therapeutic classification, based on total payment. The relative position of each drug, based on Medicaid expenditure, compared to all drugs within the same therapeutic classification.
16	DRUG NAME	Drug Brand Name	DE5208	
17	NDC DRUG CODE	Drug National Drug Code (NDC) Format Code	DE5192	

18	GENERIC TOTAL NUMBER OF DRUGS	Calculated	DE0002	TOTAL NUMBER OF GENERIC DRUGS IN CLASS
19	GENERIC TOTAL NUMBER OF PRESCRIPTION S IN GENERIC CLASS	Calculated	DE0002	PERCENT OF TOTAL PRESCRIPTIONS FOR GENERIC CLASS BY THERPEUTIC CLASS
20	GENERIC TOTAL PERCENT OF ALL DRUG IN GENERIC AND THEREPUTIC CLASS	Calculated	DE0002	GENERIC TOTAL PERCENT OF ALL DRUG IN THEREPUETIC CLASS
21	TOTAL AMOUNT PAID BY GENERIC CLASS AND THEREPEUTIC CLASS	Calculated	DE0002	SUM OF TOTAL AMOUNTS PAID IN GENERIC CLASS
22	AVERAGE PAID IN GENERIC CLASS BY THEREPEUTIC CLASS	Calculated	DE0002	AVERAGE CALCULATION NUMBER OF SCRIPTS DIVIDED INTO PAYMENTS
23	TOTAL AMOUNT CHARGE IN GENERIC CLASS AND THEREPUETIC CLASS	Calculated	DE0002	SUM OF BILLED CHARGES IN GENERIC CLASS AND THEREPEUTIC CLASS
24	AVERAGED CHARGED IN GENERIC CLASS BY THERPEUTIC CLASS	Calculated	DE0002	NUMBER OF PRESCRIPTIONS DIVIDED INTO SUM OF BILLED CHARGES
25	THEPEUTIC CLASS TOTAL DRUGS	Calculated	DE0002	TOTAL NUMBER OF GENERIC DRUGS REPORTED IN THEREPEUTIC CLASS
26	TOTAL PRESCRIPTIONS FOR THEREPEUTIC CLASS	Calculated	DE0002	SUM OF GENERIC PRESCIPTIONS
27	TOTAL PERCENT	Calculated	DE0002	PERCENTAGE OF THIS

	OF ALL DRUGS IN THEREPEUTIC CLASS			THEREPEUTIC CLASS IN ALL CLASS
28	TOTAL AMOUNT PAID IN THEREPUETIC CLASS	Calculated	DE0002	SUM OF AMOUNT PAID OF GENERIC CLASSES
29	AVERAGE PAID FOR THEREPUETIC CLASS	Calculated	DE0002	AVERAGE PAYMENT FOR THEREPEUTIC CLASS
30	TOTAL AMOUNT CHARGED FOR THEREPEUTIC CLASS	Calculated	DE0002	TOTAL OF GENERIC CLASS BILLED CHARGES
31	AVERAGE BILLED CHARGE	Calculated	DE0002	AVERAGE OF THE BILLED CHARGES FOR GENERIC CLASS IN THIS THEREPEUTIC CLASS
32	GRAND TOTAL COUNT OF DRUGS	Calculated	DE0002	TOTAL NUMBER OF DRUGS
33	GRAND TOTAL NUMBER OS PRESCRIPTIONS	Calculated	DE0002	SUM OF ALL PRESCRIPTIONS
34	GRAND TOTAL AMOUNT PAID	Calculated	DE0002	SUM OF ALL PAYMENTS
35	GRAND TOTAL AVERAGE PAYMENT	Calculated	DE0002	AVERAGE AMOUNT OF PAYMENTS OF GRAND TOTAL
36	GRAND TOTAL BILLED CHARGES	Calculated	DE0002	SUM OF ALL BILLED CHARGES
37	GRAND TOTAL AVERAGE BILLED CHARGE	Calculated	DE0002	GRAND TOTAL AVERAGE OFF BILLED CHARGES FOR AVERAGE OF THEREPEUTIC CLASSES

Output Reports MR-O-021D Drug Usage Frequency Analysis by Therapeutic Class - FAMIS

General Information

The Drug Usage Frequency Analysis presents data on the usage of drugs by FAMIS recipients. Section D Ranks Therapeutic Class by number of prescriptions and payment.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	N/A
Confidential:	No
Sequence:	Drug Therapeutic Class Drug Code
Control Breaks:	Drug Therapeutic Class Drug Code

Drug Usage Frequency Analysis by Therapeutic Class - FAMIS (MR-O-021D)

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MRQ200                                     VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-
AS OF: MM/DD/CCYY                                   DRUG USAGE CLASS SUMMARY                                     PAGE NUMBER:
RUN DATE: MM/DD/CCYY    HH:MM
BENEFIT PROGRAM CODE:    07

                                       *** NUMBER OF PRESCRIPTIONS ***   *******  AMOUNT CHARGED AND PAID ******* ** USAGE RANK
                                                                                                                     ALL DRUGS

(01)                                      (02)  (03)                     (04)        (05)         (06)      (07)     (08)    (
DRUG                                            % ALL                   AMOUNT        AVG        AMOUNT    AVG
CLASS                                    TOTAL  DRUGS                     PAID        PAID      CHARGED   CHARGED   NUM
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,
 XX                                     99,999  9.99%             9,999,999.99  99,999.99  9,999,999.99 99,999.99 9,999    9,

                                     (10)                              (11)        (12)        (13)        (14)
   GRAND TOTAL                   9,999,9999                     99,999,999.99  99,999.99 99,999,999.99 99,999.99
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	THERAPEUTIC CLASS	Drug Therapeutic Class Generic Code	DE5037	
2	TOTAL DRUG PRESC.	MARS Number of Prescriptions by Drug Code	DE6703	The total number of prescriptions for each drug listed.
3	PERCENT DRUG	Calculated	DE0002	The number of prescriptions for each TC as a percentage of the total number of prescriptions for all TC.
4	AMOUNT PAID	MARS Payment by Drug Code	DE6702	The total expenditure for each TC. This includes drug cost and dispensing fee.
5	AVERAGE PAYMENT	Calculated	DE0002	The average expenditure for each drug per prescription for that TC

6	AMOUNT CHARGED IN THEREPUETIC CLASS	Calculated	DE0002	SUM OF BILLED CHARGES IN THEREPEUTIC CLASS
7	AVERAGED CHARGED THERPEUTIC CLASS	Calculated	DE0002	NUMBER OF PRESCRIPTIONS DIVIDED INTO SUM OF BILLED CHARGES
8	USAGE RANKED BY NUMBER OF PERSCRIPTIONS.	Calculated	DE0002	Usage rank by number of prescriptions for all TC. The relative position of each drug, based on the number of prescriptions, compared to all TC.
9	USAGE RANKED BY PAYMENT	Calculated	DE0002	Usage rank by payment for all TC.. The relative position of each drug, based on Medicaid expenditure, compared to all TC.
10	GRAND TOTAL PRESCRIPTIONS FOR THEREPEUTIC CLASS	Calculated	DE0002	SUM OF PRESCIPTIONS FOR ALL THEREPEUTIC CLASSES
11	GRAND TOTAL AMOUNT PAID IN THEREPUETIC CLASS	Calculated	DE0002	SUM OF AMOUNT PAID
12	AVERAGE PAID FOR THEREPUETIC CLASS	Calculated	DE0002	AVERAGE PAYMENT FOR THEREPEUTIC CLASS
13	GRAND TOTAL AMOUNT CHARGED FOR THEREPEUTIC CLASS	Calculated	DE0002	TOTAL OF BILLED CHARGES FOR ALL THEREPEUTIC CLASSES
14	AVERAGE PAID FOR THEREPUETIC CLASS	Calculated	DE0002	AVERAGE OF BILLED CHARGES FOR ALL THEREPEUTIC CLASSES

Output Reports MR-O-022 Recipient Participation Summary

General Information

The Recipient Participation Summary provides enrollee participation and utilization statistics by benefit program and category of eligibility.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Administrative & Operations Report Writer (MRM110)
Confidential:	No
Sequence:	Benefit Program Code Aid Category Maintenance Assistance Code
Control Breaks:	Benefit Program Code Aid Category Maintenance Assistance Code

Recipient Participation Summary (MR-O-022)

MRM110 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF:mm/dd/ccyy RECIPIENT PARTICIPATION SUMMARY PAGE
RUN DATE: mm/dd/ccyy hh:mm
BENEFIT PROGRAM : XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(1) (2)

	THIS MONTH	SAME MONTH LAST YEAR	SIX MONTH MONTH AVERAGE	TREND	*--- FISCAL YE THIS YEAR
AGED					
(3) NUMBER OF ENROLLEES	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
(4) NUMBER OF RECIPIENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
(5) PERCENT ENROLLEES RECV SERV.	ZZ9.99%	ZZ9.99%	ZZ9.99%	+.999	ZZ9.99%
(6) TOTAL PAYMENTS	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
(7) AVG PAYMENT PER ENROLLEE	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
(8) AVG PAYMENT PER RECIPIENT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
(9) AVG PMNT PER SVC UNIT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
(10) AVG SVC UNIT PER PART.	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	+.999	ZZ,ZZZ,ZZZ.99
(11) AVG DAYS FRM DATE OF APP. TO CERTIFICATION	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
BLIND/DISABLED					
NUMBER OF ENROLLEES	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
NUMBER OF RECIPIENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
PERCENT ENROLLEES RECV SERV.	ZZ9.99%	ZZ9.99%	ZZ9.99%	+.999	ZZ9.99%
TOTAL PAYMENTS	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER ENROLLEE	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER RECIPIENT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PMNT PER SVC UNIT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG SVC UNIT PER PART.	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	+.999	ZZ,ZZZ,ZZZ.99
AVG DAYS FRM DATE OF APP. TO CERTIFICATION	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
CHILDREN					
NUMBER OF ENROLLEES	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
NUMBER OF RECIPIENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
PERCENT ENROLLEES RECV SERV.	ZZ9.99%	ZZ9.99%	ZZ9.99%	+.999	ZZ9.99%
TOTAL PAYMENTS	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER ENROLLEE	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER RECIPIENT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PMNT PER SVC UNIT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG SVC UNIT PER PART.	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	+.999	ZZ,ZZZ,ZZZ.99
AVG DAYS FRM DATE OF APP. TO CERTIFICATION	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
ADULTS					
NUMBER OF ENROLLEES	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
NUMBER OF RECIPIENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9
PERCENT ENROLLEES RECV SERV.	ZZ9.99%	ZZ9.99%	ZZ9.99%	+.999	ZZ9.99%
TOTAL PAYMENTS	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER ENROLLEE	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PAYMENT PER RECIPIENT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG PMNT PER SVC UNIT	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	ZZ,ZZZ,ZZZ,ZZZ.99-	+.999	ZZ,ZZZ,ZZZ,ZZZ.99-
AVG SVC UNIT PER PART.	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	ZZ,ZZZ,ZZZ.99	+.999	ZZ,ZZZ,ZZZ.99
AVG DAYS FRM DATE OF APP. TO CERTIFICATION	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	+.999	ZZ,ZZZ,ZZ9

Recipient Participation Summary (MR-O-022)

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MRM110                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:mm/dd/ccyy                                RECIPIENT PARTICIPATION SUMMARY                             PAG
RUN DATE: mm/dd/ccyy hh:mm
 BENEFIT PROGRAM : XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        SAME MONTH       SIX MONTH                *--- FISCAL
                                        THIS MONTH       LAST YEAR     MONTH AVERAGE  TREND        THIS YEAR
 UNEMPLOYED PARENT - CHILD
    NUMBER OF ENROLLEES                 ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    NUMBER OF RECIPIENTS                ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    PERCENT ENROLLEES RECV SERV.           ZZ9.99%         ZZ9.99%          ZZ9.99%  +.999           ZZ9.99%
    TOTAL PAYMENTS              ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PAYMENT PER ENROLLEE    ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PAYMENT PER RECIPIENT   ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PMNT PER SVC UNIT       ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG SVC UNIT PER PART.          ZZ,ZZZ,ZZZ.99      ZZ,ZZZ,ZZZ.99     ZZ,ZZZ,ZZZ.99  +.999     ZZ,ZZZ,ZZZ.99
    AVG DAYS FRM DATEOF APP.            ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    TO CERTIFICATION

 UNEMPLOYED PARENT - ADULT
    NUMBER OF ENROLLEES                 ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    NUMBER OF RECIPIENTS                ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    PERCENT ENROLLEES RECV SERV.           ZZ9.99%         ZZ9.99%          ZZ9.99%  +.999           ZZ9.99%
    TOTAL PAYMENTS              ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PAYMENT PER ENROLLEE    ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PAYMENT PER RECIPIENT   ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG PMNT PER SVC UNIT       ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
    AVG SVC UNIT PER PART.          ZZ,ZZZ,ZZZ.99      ZZ,ZZZ,ZZZ.99     ZZ,ZZZ,ZZZ.99  +.999     ZZ,ZZZ,ZZZ.99
    AVG DAYS FRM DATEOF APP.            ZZ,ZZZ,ZZ9      ZZ,ZZZ,ZZ9       ZZ,ZZZ,ZZ9  +.999        ZZ,ZZZ,ZZ9
    TO CERTIFICATION

 (12) TOTAL XIX PAYMENTS        ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
 (13) AVG. PAYMENT PER RECIP    ZZ,ZZZ,ZZZ,ZZZ.99- ZZ,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ,ZZZ,ZZZ.99- +.999 ZZ,ZZZ,ZZZ,ZZZ.99-
 (14) AVG. DAYS FROM DATE OF    ZZZZZ,ZZZ,ZZZ,ZZ9- ZZZZZ,ZZZ,ZZZ,ZZ9-ZZZZZ,ZZZ,ZZZ,ZZ9- +.999 ZZZZZ,ZZZ,ZZZ,ZZ9-
      APPLICATION TO MEDICAID
      CERTIFICATION
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Subprogram Code	DE3552	
3	NUMBER OF ENROLLEES	Calculated	DE0002	Unduplicated count of the number of recipients with eligibility in the program and COE during the reporting period.
4	NUMBER OF RECIPIENTS	Calculated	DE0002	Unduplicated count of the number of recipients with paid claims in the program and COE during the reporting period.
5	PERCENT OF ENROLLEES	Calculated	DE0002	NUMBER OF RECIPIENTS divided by NUMBER OF ENROLLEES times

	RECV SERV.			100.
6	TOTAL PAYMENTS	Calculated	DE0002	Sum of payment amounts on all paid claims for this program and COE during the reporting period.
7	AVG PAYMENT PER ENROLLEE	Calculated	DE0002	TOTAL PAYMENTS divided by NUMBER OF ENROLLEES times 100.
8	AVG PAYMENT PER RECIPIENT	Calculated	DE0002	TOTAL PAYMENTS divided by NUMBER OF RECIPIENTS times 100.
9	AVG PMNT PER SVC UNIT	Calculated	DE0002	TOTAL PAYMENTS divided by the total number of service units on all paid claims for this program and COE during the reporting period times 100.
10	AVG SVC UNIT PER PART.	Calculated	DE0002	The total number of service units on all paid claims for this program and COE during the reporting period divided by TOTAL RECIPIENTS times 100.
11	AVG DAYS FRM DATE OF APP. TO CERTIFICATION	Calculated	DE0002	The average elapsed days from the date of application for Medicaid benefits to the date eligibility certification is recorded on the Medicaid eligibility records. This average is computed for the recipients added to the eligibility roles during the time period indicated.
12	TOTAL XIX PAYMENTS	Calculated	DE0002	The sum of TOTAL PAYMENTS for each category of eligibility within the benefit program.
13	AVG PAYMENT PER RECIP	Calculated	DE0002	Total Medicaid payments divided by the total unduplicated count of recipients participating in the program.
14	AVG. DAYS FROM DATE OF APPLICATION TO MEDICAID CERTIFICATION	Calculated	DE0002	AVG DAYS FRM DATE OF APP. TO CERTIFICATION for each category of eligibility divided by 7.

Output Reports MR-O-023 Locality Participation Analysis

General Information

The Locality Participation Analysis report displays eligibility and participation statistics by benefit program and federal maintenance assistance status / basis of eligibility. All statistics are reported for the current month and the current fiscal year to date.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Recipient Relations Report Writer (MRM050)
Confidential:	No
Sequence:	Benefit Program Code FIPS Code Category of Assistance
Control Breaks:	Benefit Program Code FIPS Code Category of Assistance

Locality Participation Analysis (MR-O-023)

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MRM050                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: mm/dd/ccyy                                  LOCALITY PARTICIPATION ANALYSIS                             PAGE
RUN DATE: mm/dd/ccyy (1) hh:mm:ss                (2)
BENEFIT PROGRAM: XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIPS CODE: XXX  LOCALITY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           (3)                (4)
                    NUMBER            NUMBER       PERCENT                                          AVERAGE PAYMENT
                   ELIGIBLE         RECIPIENTS  PARTICIPATING                AMOUNT PAID            PER RECIPIENT
(5)               MTD (7)   YTD      MTD  (8) YTD    MTD (9) YTD                MTD      (10)       YTD       MTD   (11)   YTD
RECVNG CASH ASST
A)AGED        ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
B)BLIND/DIS   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
C)CHILD       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
(6) D)ADULT   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
E)U.P/CH      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
F)U.P/AD      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
G)FOSTER      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
TOTAL         ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ

MEDICALLY NEEDY
A)AGED        ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
B)BLIND/DIS   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
C)CHILD       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
D)ADULT       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
E)U.P/CH      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
F)U.P/AD      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
G)FOSTER      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
TOTAL         ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ

POVERTY RELATED
A)AGED        ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
B)BLIND/DIS   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
C)CHILD       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
D)ADULT       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
E)U.P/CH      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
F)U.P/AD      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
G)FOSTER      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
TOTAL         ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ

OTHERS ELIG
A)AGED        ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
B)BLIND/DIS   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
C)CHILD       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
D)ADULT       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
E)U.P/CH      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
F)U.P/AD      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
G)FOSTER      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
TOTAL         ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ

LOCALITY TOTAL
A)AGED        ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
B)BLIND/DIS   ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
C)CHILD       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
D)ADULT       ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
E)U.P/CH      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
F)U.P/AD      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
G)FOSTER      ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
TOTAL         ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ,ZZ9 ZZZ.9% ZZZ.9% Z,ZZZ,ZZZ,ZZZ.99-Z,ZZZ,ZZZ,ZZZ.99-ZZ,ZZZ.99-ZZ,ZZZ.99-ZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	FIPS CODE	Enrollee FIPS Code	DE3008	
4	LOCALITY	Locality Name	DE5255	
5	Federal Maintenance Assistance Status	Aid Category Money Payment Status Code	DE3306	
6	Federal Basis of Eligibility	Aid Category Basis of Eligibility (Adult)	DE3308	

7	NUMBER ELIGIBLE	Calculated	DE0002	Unduplicated count of recipients eligible during the reporting period in this MAS/BOE and locality.
8	NUMBER RECIPIENTS	Calculated	DE0002	Unduplicated count of recipients in this MAS/BOE and locality who have paid claims during the reporting period.
9	PERCENT PARTICIPATING	Calculated	DE0002	NUMBER RECIPIENTS (field #8) divided by NUMBER ELIGIBLE (field # 7) times 100.
10	AMOUNT PAID	Calculated	DE0002	Sum of the payment amounts on all paid claims during the reporting period for this MAS/BOE and locality.
11	AVERAGE PAYMENT PER RECIPIENT	Calculated	DE0002	AMOUNT PAID (field # 10) divided by NUMBER RECIPIENTS (field #8).
12	AVERAGE PAYMENT PER ELIGIBLE	Calculated	DE0002	AMOUNT PAID (field #10) divided by NUMBER ELIGIBLE (field #7).

Output Reports MR-O-024 Locality Expenditure Analysis

General Information

The Locality Expenditure Analysis identifies each Locality's recipient Medicaid expenditures by Category of Service and Aid Category. This report is primarily informative and is useful in answering inquiries from State legislators and County officials.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Recipient Relations Report Writer (MRM050)
Confidential:	No
Sequence:	Benefit Program Code FIPS Code Category of Assistance
Control Breaks:	Benefit Program Code FIPS Code Category of Assistance

Locality Expenditure Analysis (MR-O-024)

```
MRM050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: mm/dd/ccyy                 LOCALITY EXPENDITURE ANALYSIS WITH REGARD TO PROVIDER LOCATION          PAGE
RUN DATE: mm/dd/ccyy     hh:mm:ss
                                  (1)          (2)
BENEFIT PROGRAM: XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIPS CODE: XXX  (3) LOCALITIY: XXXXXXXXXXXXXX
                                          (4)
        (7) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX
          DOLLARS        CLAIMS    RECIPS  DOLLARS        CLAIMS    RECIPS  DOLLARS        CLAIMS    RECIPS  DOLLARS
                   (8)          (9)      (10)
(5) RECEIVING CASH ASSISTANCE
A)AGED    -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
(6) B)BLIND/D-ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
C)CHILD   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
D)ADULT   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
E)U.P/CH  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
F)U.P/AD  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
G)FOSTER  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
TOTAL     -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.

MEDICALLY NEEDY
A)AGED    -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
B)BLIND/D-ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
C)CHILD   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
D)ADULT   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
E)U.P/CH  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
F)U.P/AD  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
G)FOSTER  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
TOTAL     -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.

POVERTY RELATED
A)AGED    -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
B)BLIND/D-ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
C)CHILD   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
D)ADULT   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
E)U.P/CH  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
F)U.P/AD  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
G)FOSTER  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
TOTAL     -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.

OTHERS ELIGIBILITY
A)AGED    -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
B)BLIND/D-ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
C)CHILD   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
D)ADULT   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
E)U.P/CH  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
F)U.P/AD  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
G)FOSTER  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
TOTAL     -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.

LOCALITY TOTAL
A)AGED    -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
B)BLIND/D-ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
C)CHILD   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
D)ADULT   -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
E)U.P/CH  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
F)U.P/AD  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
G)FOSTER  -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
TOTAL     -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.99 ZZZ,ZZ9 ZZZ,ZZ9 -ZZ,ZZZ,ZZZ.
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	FIPS CODE	Enrollee FIPS Code	DE3008	
4	LOCALITY	Locality Name	DE5255	
5	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
6	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
7	Category of Ser-	Claim Category of Ser-	DE9921	

	vice Description	vice Description		
8	DOLLARS	Calculated	DE0002	Total payment amount for all paid claims by benefit program, locality, MAS/BOE, and COS.
9	CLAIMS	Calculated	DE0002	Count of paid claims by benefit program, locality, MAS/BOE, and COS.
10	RECIPS	Calculated	DE0002	Unduplicated count recipients with paid claims by benefit program, locality, MAS/BOE, and COS.

Output Reports MR-O-025 Benefit Usage Analysis

General Information

The Benefit Usage Analysis provides planning and control information by presenting utilization data for recipient benefits within the framework of existing service limitations.

Subsystem:	MARS
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Annual Benefit Usage Analysis (MRA060)
Confidential:	No
Sequence:	Benefit Program Code Category of Assistance
Control Breaks:	Benefit Program Code Category of Assistance

Benefit Usage Analysis (MR-O-025)

```
MRA060                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                     BENEFIT USAGE ANALYSIS
RUN DATE: MM/DD/CCYY   HH:MM
                (01)    (02)
BENEFIT PROGRAM: 01 - MEDICAID
              (03)                              (04)
AID CATEGORY - 999 - RECEIVING MONEY PAYMENT  - AGED
   (05)
999,999 ELIGIBLES                          (06)
                                        INPATIENT OUTPATIENT    NURSING    LAB/     PHYSICIAN      DRUG      PERI
                                                                 HOMES     XRAY     SERVICES               SCREE
              (07)
   ------SERVICE LIMITS------             NONE       NONE      365 DAYS    NONE      NONE           NONE      NON

NUMBER OF RECIPIENTS PARTICIPATING  (08) 999,999   999,999     999,999    999,999  999,999        999,999  999,9

AVG SER UNITS PER ELIG              (09)  999.99    999.99      999.99     999.99   999.99         999.99   999.
AVG SER UNITS PER PARTICIPATING RECIP(10) 999.99    999.99      999.99     999.99   999.99         999.99   999.

PERCENT OF RECIPIENTS  (11)
UTILIZING -

       MAXIMUM BENEFITS                  ZZZZ.ZZ   ZZZ.ZZ      ZZZ.ZZ      ZZZ.ZZ   ZZZ.ZZ         ZZZ.ZZ   ZZZ

       75 - 99% MAXIMUM                  ZZZZ.ZZ   ZZZ.ZZ      ZZZ.ZZ      ZZZ.ZZ   ZZZ.ZZ         ZZZ.ZZ   ZZZ

       50 - 74% MAXIMUM                  ZZZZ.ZZ   ZZZ.ZZ      ZZZ.ZZ      ZZZ.ZZ   ZZZ.ZZ         ZZZ.ZZ   ZZZ

       25 - 49% MAXIMUM                  ZZZZ.ZZ   ZZZ.ZZ      ZZZ.ZZ      ZZZ.ZZ   ZZZ.ZZ         ZZZ.ZZ   ZZZ

        0 - 24% MAXIMUM                  ZZZZ.ZZ   ZZZ.ZZ      ZZZ.ZZ      ZZZ.ZZ   ZZZ.ZZ         ZZZ.ZZ   ZZZ

                                                                ***END OF REPORT***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
4	MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Description	DE3307	
5	NUMBER OF ELIGIBLES	MARS Recipients Eligible by Category of Assistance	DE6050	An unduplicated count of the number of recipients eligible for Medicaid benefits in the time period (month) covered by the report.
6	CATEGORY OF SERVICE	Claim Category of Service	DE2038	

8	NUMBER OF RECIPIENTS PARTICIPATING	MARS Recipients Participating Fiscal YTD by Category of Assistance	DE6056	Recipients Participating Fiscal Year to date by Category of Service.
9	AVG SER UNITS PER ELIG	Calculated	DE0002	The average number of service units received by an eligible recipient. (6058 - 6050).
10	AVG SER UNITS PER PARTICIPATING RECIP	Calculated	DE0002	The average number of service units received by a participating recipient. (6058 - 6056).
11	PERCENT OF RECIPIENTS UTILIZING MAXIMUM BENEFITS	MARS Percent of Eligible Utilizing Benefits	DE6920	The number of recipients who received the maximum benefits available in a category of aid expressed as a percentage of the number of eligible recipients 75-99% OF MAXIMUM,50-74% OF MAXIMUM,25-49% OF MAXIMUM, 0-24% OF MAXIMUM, The number of recipients receiving benefits in each of the ranges shown above are accumulated. For example, recipients receiving 16-19 physician visits, upon which there is a 20 visit maximum, would be counted as receiving 75-99% of maximum available benefits. The number of recipients counted in each range is divided by the number of eligible recipients to obtain the value of the report item.

Output Reports MR-O-026 Drug Usage by Eligibility Classification

General Information

This report presents drug usage data by category of assistance and compares the number of recipients and dollar usage for each therapeutic classification. The report is intended to assist in program planning and control.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Drug Usage Report Writer (MRQ200)
Confidential:	No
Sequence:	Benefit Program Code Drug Therapeutic Class Category of Assistance
Control Breaks:	Benefit Program Code Drug Therapeutic Class Category of Assistance

Drug Usage by Eligibility Classification (MR-O-026)

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MRM200                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                  DRUG USAGE BY ELIGIBILITY CLASS
RUN DATE: MM/DD/CCYY   HH:MM
                (01)          (02)
BENEFIT PROGRAM: 01  MEDICAL ASSISTANCE SERVICES (MEDICAID)
(03)   (04)      (05)                      (06)              (07)                (08)
THERAPEUTIC                                NUMBER OF     CATEGORY USAGE   PERCENT OF USAGE
CLASS - NAME     AID CATEGORY              RECIPIENTS      DOLLARS PAID     BY AID CATEGORY

98 ANTI ULCER PREPS
        AGED                              99,999,999     $99,999,999,999       999.99%
        BLIND/DISABLED                    99,999,999     $99,999,999,999       999.99%
        CHILDREN UNDER 21                 99,999,999     $99,999,999,999       999.99%
        ADULTS                            99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - CHILD         99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - ADULT         99,999,999     $99,999,999,999       999.99%
        FOSTER CARE                       99,999,999     $99,999,999,999       999.99%

    THERAPEUTIC CLASS TOTALS              99,999,999     $99,999,999,999

99 HIGH BLOOD PRESSURE
        AGED                              99,999,999     $99,999,999,999       999.99%
        BLIND/DISABLED                    99,999,999     $99,999,999,999       999.99%
        CHILDREN UNDER 21                 99,999,999     $99,999,999,999       999.99%
        ADULTS                            99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - CHILD         99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - ADULT         99,999,999     $99,999,999,999       999.99%
        FOSTER CARE                       99,999,999     $99,999,999,999       999.99%

    THERAPEUTIC CLASS TOTALS              99,999,999     $99,999,999,999

TOTALS
        AGED                              99,999,999     $99,999,999,999       999.99%
        BLIND/DISABLED                    99,999,999     $99,999,999,999       999.99%
        CHILDREN UNDER 21                 99,999,999     $99,999,999,999       999.99%
        ADULTS                            99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - CHILD         99,999,999     $99,999,999,999       999.99%
        UNEMPLOYED PARENT - ADULT         99,999,999     $99,999,999,999       999.99%
        FOSTER CARE                       99,999,999     $99,999,999,999       999.99%

GRAND TOTALS (09)                         99,999,999     $99,999,999,999

                                                          **END OF REPORT***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	THERAPEUTIC CLASS	Drug Therapeutic Class Generic Code	DE5037	
4	THERAPEUTIC NAME	Drug Therapeutic Class Specific Descrip-tion	DE5292	
5	CATEGORY OF ASSISTANCE	Aid Category Basis of Eligibility (Adult)	DE3308	
6	NUMBER OF RECIPIENTS	MARS Recipients Served by Therapeutic	DE6711	An unduplicated count of recipients, by aid category, who received one or

		Class/MARS Aid Category		more drugs in the therapeutic classification shown.
7	CATEGORY USAGE DOLLARS PAID	MARS Payment by Therapeutic Class/MARS Aid Category	DE6709	The Medicaid expenditure, by aid category, for drugs in the therapeutic classification shown.
8	PERCENT OF USAGE FOR AID CATEGORY	Calculated	DE0002	Each aid category's percent of the total Medicaid expenditure for drugs in the therapeutic classification indicated. (6709 - Sum of 6709) X 100).
9	GRAND TOTALS	Calculated	DE0002	Grand totals for all therapeutic classes combined.

Output Reports MR-O-027 EPSDT Periodic Screening Cost Analysis

General Information

The EPSDT Periodic Screening Cost Analysis Report provides HCFA reporting information. This report compares the annual cost of treatment for children who have received EPSDT services against those who have not received EPSDT services. The comparison assists in evaluating the effectiveness of the screening process in controlling treatment costs. Medicaid and FAMIS are reported separately on this report. Procedure codes indicating screening are as follows: General - '99381' thru '99385', '99391' thru '99395', 'Z9540', 'Z9541', 'Z9542' and '95221' Vision - Z9530, Z9531 and Z9532 Dental - Z954.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	MARS Screening Cost Analysis Reporting Process (MRM230)
Confidential:	No
Sequence:	Benefit Program Code Age Group Locality
Control Breaks:	Benefit Program Code Age Group Locality

EPSDT Periodic Screening Cost Analysis (MR-O-027)

MRM230 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY EPSDT PERIODIC SCREENING COST ANALYSIS
RUN DATE: MM/DD/CCYY HH:MM SCREENING AGE GROUP < 1 YEAR

BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LOCALITY	CHILDREN WHO HAVE BEEN SCREENED					
	TOTAL CHILDREN	TOTAL CLAIM COST	AVERAGE COST	DENTAL AND EYE CHILDREN	DENTAL AND EYE DENT COST	DATA
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ

LOCALITY	CHILDREN WHO HAVE NOT BEEN SCREENED					
	TOTAL CHILDREN	TOTAL CLAIM COST	AVERAGE COST	DENTAL AND EYE CHILDREN	DENTAL AND EYE DENT COST	DATA
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
STATE-WIDE SCREENED	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ
STATE-WIDE UNSCREENED	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZ

EPSDT Periodic Screening Cost Analysis (MR-O-027)

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MRM230                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF: MM/DD/CCYY                              EPSDT PERIODIC SCREENING COST ANALYSIS                     PAG
RUN DATE: MM/DD/CCYY  HH:MM                         SCREENING AGE GROUP 1 - 5 YEARS

BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                          ---------------------------CHILDREN WHO HAVE BEEN SCREENED -------------------------
 LOCALITY                  TOTAL          TOTAL              AVERAGE       ------------  DENTAL  AND  EYE  DATA -
                          CHILDREN      CLAIM COST            COST          CHILDREN        DENT COST

 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,


                          ---------------------------CHILDREN WHO HAVE NOT BEEN SCREENED -----------------------
LOCALITY                  TOTAL          TOTAL              AVERAGE       ------------  DENTAL  AND  EYE  DATA --
                          CHILDREN      CLAIM COST            COST          CHILDREN        DENT COST

 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,

*STATE-WIDE* SCREENED     ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
*STATE-WIDE* UNSCREENED   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
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EPSDT Periodic Screening Cost Analysis (MR-O-027)

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MRM230                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                EPSDT PERIODIC SCREENING COST ANALYSIS
RUN DATE: MM/DD/CCYY  HH:MM                          SCREENING AGE GROUP 6 - 14 YEARS

BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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LOCALITY	CHILDREN WHO HAVE BEEN SCREENED: TOTAL CHILDREN	TOTAL CLAIM COST	AVERAGE COST	DENTAL AND EYE CHILDREN	DENTAL AND EYE DENT COST	DATA
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z

LOCALITY	CHILDREN WHO HAVE NOT BEEN SCREENED: TOTAL CHILDREN	TOTAL CLAIM COST	AVERAGE COST	DENTAL AND EYE CHILDREN	DENTAL AND EYE DENT COST	DATA
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
XXXXXXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
STATE-WIDE SCREENED	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z
STATE-WIDE UNSCREENED	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZZ,ZZ9	ZZ,ZZZ,ZZZ,ZZ9.99-	ZZ,Z

EPSDT Periodic Screening Cost Analysis (MR-O-027)

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MRM230                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                              EPSDT PERIODIC SCREENING COST ANALYSIS                          PAG
RUN DATE: MM/DD/CCYY   HH:MM                        SCREENING AGE GROUP 15 - 20 YEARS

BENEFIT PROGRAM: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              ---------------------------CHILDREN WHO HAVE BEEN SCREENED --------------------------
 LOCALITY                      TOTAL          TOTAL              AVERAGE       ------------  DENTAL  AND  EYE  DATA -
                              CHILDREN      CLAIM COST            COST          CHILDREN        DENT COST

 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,


                              ---------------------------CHILDREN WHO HAVE NOT BEEN SCREENED ----------------------
LOCALITY                      TOTAL          TOTAL              AVERAGE       ------------  DENTAL  AND  EYE  DATA --
                              CHILDREN      CLAIM COST            COST          CHILDREN        DENT COST

 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
 XXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,

*STATE-WIDE* SCREENED      ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
*STATE-WIDE* UNSCREENED    ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,ZZZ,ZZ9.99-   ZZZ,ZZ9  ZZ,ZZZ,ZZZ,ZZ9.99-  ZZ,ZZZ,
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM CODE	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
3	LOCALITY/FIPS CODE	MMIS Locality Code based on Postal Code	DE5254	
4	CHILDREN WHO HAVE BEEN SCREENED: TOTAL	Calculated	DE0002	Unduplicated count of children who have had at least one screening during the reporting period.

	CHILDREN			
5	CHILDREN WHO HAVE BEEN SCREENED: TOTAL CLAIM COST	Calculated	DE0002	The total paid amount for all claims for those children who have had at least one screening during the reporting period.
6	CHILDREN WHO HAVE BEEN SCREENED: AVERAGE COST	Calculated	DE0002	TOTAL CLAIM COST (field 5) divided by TOTAL CHILDREN (field 4).
7	CHILDREN WHO HAVE BEEN SCREENED: DENTAL AND EYE: CHILDREN	Calculated	DE0002	Unduplicated count of children who have one or more eye or dental claims and who have had at least one screening during the reporting period. A dental claim has a category of service = '080'. An eye claim has a category of service = '091'.
8	CHILDREN WHO HAVE BEEN SCREENED: DENTAL COST	Calculated	DE0002	The total paid amount for all dental claims for those children who have had at least one screening during the reporting period. A dental claim has a category of service = '080'.
9	CHILDREN WHO HAVE BEEN SCREENED: EYE COST	Calculated	DE0002	The total paid amount for all eye claims for those children who have had at least one screening during the reporting period. An eye claim has a category of service = '091'.
10	CHILDREN WHO HAVE NOT BEEN SCREENED: TOTAL CHILDREN	Calculated	DE0002	Unduplicated count of children who do not have at least one screening during the reporting period.
11	CHILDREN WHO HAVE NOT BEEN SCREENED: TOTAL CLAIM COST	Calculated	DE0002	The total paid amount for all claims for those children who do not have at least one screening during the reporting period.
12	CHILDREN WHO HAVE NOT BEEN SCREENED: AVERAGE COST	Calculated	DE0002	TOTAL CLAIM COST (field 11) divided by TOTAL CHILDREN (field 10).
13	CHILDREN WHO HAVE NOT BEEN SCREENED: DENTAL AND	Calculated	DE0002	Unduplicated count of children who have one or more eye or dental claims (COS = '080', '091') but do not have at least one screening claim during the

	EYE: CHILDREN			reporting period.
14	CHILDREN WHO HAVE NOT BEEN SCREENED: DENTAL COST	Calculated	DE0002	The total paid amount for all dental claims for those children who do not have at least one screening during the reporting period. A dental claim has a category of service = '080'.
15	CHILDREN WHO HAVE NOT BEEN SCREENED: EYE COST	Calculated	DE0002	The total paid amount for all eye claims for those children who do not have at least one screening during the reporting period. An eye claim has a category of service = '091'.
16	STATE-WIDE SCREENED	Calculated	DE0002	Total counts and amounts across all localities for those children who have at least one screening during the reporting period.
17	STATE-WIDE UNSCREENED	Calculated	DE0002	Total counts and amounts across all localities for those children who do not have at least one screening during the reporting period.

Output Reports MR-O-028 Recipient Cost Sharing Summary

General Information

The Recipient Cost Sharing Summary provides a summary of recipient cost sharing contributions. This report assists in determining the effect of recipient cost sharing upon utilization of services. Caution should be used in comparing average claim cost for those recipients with cost sharing requirements versus cost for recipients without cost sharing since the medical needs of the population groups may be different.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Recipient Relations Report Writer (MRM050)
Confidential:	No
Sequence:	Aid Category Category of Service
Control Breaks:	Aid Category of Service

Recipient Cost Sharing Summary (MR-O-028)

MRM050 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY RECIPIENT COST SHARING SUMMARY
RUN DATE: MM/DD/CCYY HH:MM CATEGORICALLY NEEDY

CATEGORY OF SERVICE	NUMBER CLAIMS	COST SHARING TOTAL	AMOUNTS AVERAGE	AVERAGE CLAIM PMT
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99	ZZ,ZZZ,ZZ9.99
***STATE TOTALS:	Z,ZZZ,ZZ9	ZZ,ZZZ,ZZ9.99		

Recipient Cost Sharing Summary (MR-O-028)

```
MRM050                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                RECIPIENT COST SHARING SUMMARY
RUN DATE: MM/DD/CCYY HH:MM                              MEDICALLY NEEDY

                                      NUMBER       COST SHARING            AMOUNTS            AVERAGE
CATEGORY OF SERVICE                   CLAIMS          TOTAL                AVERAGE          CLAIM PMT
-----------------------------------------------------------------------------------------------------------
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99       ZZ,ZZZ,ZZ9.99
-----------------------------------------------------------------------------------------------------------

              ***STATE TOTALS:     Z,ZZZ,ZZ9      ZZ,ZZZ,ZZ9.99


              PREMIUMS COLLECTED: ZZZ,ZZZ,ZZ9.99
TOTAL DEDUCTIBLE AND COINSURANCE: ZZZ,ZZZ,ZZ9.99
  TOTAL COST SHARING CLAIM COUNT: ZZZ,ZZZ,ZZ9
 TOTAL COST SHARING CONTRIBUTION: ZZZ,ZZZ,ZZ9.99
               TOTAL PATIENT PAY: ZZZ,ZZZ,ZZ9
                     TOTAL CO-PAY: ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CATEGORY OF SERVICE	Claim Category of Service	DE2038	
2	NUMBER CLAIMS	Calculated	DE0002	Count of the total paid claims (original and debit) by COS. Totals are reported separately for Medically Needy (MAS = '2') and Categorically Needy (MAS = '1', '3', '4', '5', '9').
3	COST SHARING TOTAL	Calculated	DE0002	Sum of the total cost sharing amount for paid claims (original and debit) by COS. Totals are reported separately for Medically Needy (MAS = '2') and Categorically Needy (MAS = '1', '3', '4',

				'5', '9'). Cost Sharing Amount includes the following: For crossover claims = Coinsurance (DE#2252) + Deductible (DE#2251) For all other claims = Copay (DE#2545) + Patient Liability (DE#2083).
4	AMOUNTS AVERAGE	Calculated	DE0002	COST SHARING TOTAL (field 3) divided by NUMBER CLAIMS (field 2).
5	AVERAGE CLAIM PMT	Calculated	DE0002	Total Payment Amount (DE#2023) divided by NUMBER CLAIMS (field 2).
6	AVERAGE CLAIM COST	Calculated	DE0002	COST SHARING TOTAL (field 3) plus Total Payment Amount (DE#2023) for all claims, divided by NUMBER CLAIMS (field 2).
7	PREMIUMS COLLECTED		DE0000	This field always displays zero.
8	TOTAL DEDUCTIBLE AND COINSURANCE	Calculated	DE0002	Total Deductible (DE#2251) + Coinsurance (DE#2252) for all claims reported.
9	TOTAL COST SHARING CLAIM COUNT	Calculated	DE0002	Count of total claims (field 2) reported for Categorically Needy and Medically Needy.
10	TOTAL COST SHARING CONTRIBUTION	Calculated	DE0002	Count of total Cost Sharing amounts (field 3) reported for Categorically Needy and Medically Needy.
11	TOTAL PATIENT PAY AMOUNT	Calculated	DE0002	Total Patient Pay (DE#2083) for all claims reported.
12	TOTAL CO-PAY	Calculated	DE0002	Total Co-Pay (DE#2545) for all claims reported.

Output Reports MR-O-030 Cost Reimbursement Add/Pay Recovery Updates

General Information

This report is an audit trail of all Add/Pay Recovery Transactions for all Provider Types. These Add/Pay Recovery Transactions have been captured as financial transactions and/or claims, and represent the total Add/Pay Recoveries for the processing month.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Add/Pay Updates (MRM260)
Confidential:	No
Sequence:	Provider Number (Detail Transaction List) Provider Class Type (Provider Type Summary)
Control Breaks:	None

Cost Reimbursement Add/Pay Recovery Updates (MR-O-030)

```
MRM260                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MR-O-03
 AS OF:10/28/2011                       COST REIMBURSEMENT ADD/PAY RECOVERY UPDATES(DETAIL)               PAGE NUMBER:
 RUN DATE: 11/02/2011 23:52                          FOR THE MONTH OF OCTOBER
    (1)        (2)          (3)          (4)              (5)            (6)          (13)          (14)
  PROV NUM   TRANS TYPE    RSN          AMOUNT           REF NUMBER     EFF DATE     PROJECT       INVOICE
                                                                                      CODE          NUMBER
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX
  1234567890   XX          XXXX    $$,$$$,$$$,$$9.99-   XXXXXXXXXXXX   MM/DD/YYYY    XXXXX     XXXXXXXXXXXXXXX


          TOTAL ADD PAYS        Z,ZZZ,ZZ9 (7)  $$$,$$$,$$$,$$$,$$9.99 (8)
          TOTAL RECOVERIES      Z,ZZZ,ZZ9 (9)  $$$,$$$,$$$,$$$,$$9.99 (10)
          TOTAL SPECIAL PAY     Z,ZZZ,ZZ9 (11) $$$,$$$,$$$,$$$,$$9.99 (12)

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

Field Definitions

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Prov Num	National Provider Identifier	DE4700	
2	Trans Type	Calculated	DE0002	Description of the type of transactions shown in this report. Will be one of the following: ADD-PAY, REC-PAY, or SPEC-PAY.
3	RSN	Adjustment Reason Code	DE9877	
4	Amount	Financial Amount	DE9817	
5	Ref Number	Financial Control Number	DE9874	
6	Eff Date	Financial Transaction Date	DE9825	
7	Total Add Pays [Count]	Calculated	DE0002	Count of all financial transactions (add/pays) where the financial transaction type is equal to 19 and the financial adjustment reason code is equal to 9100 thru 9109 or 9120 thru 9124 or 9126 thru 9128.

8	Total Add Pays [Amount]	Calculated	DE0002	Sum of financial amount on all financial transactions (add/pays) where the financial transaction type is equal to 19 and the financial adjustment reason code is equal to 9100 thru 9109 or 9120 thru 9124 or 9126 thru 9128.
9	Total Recoveries [Count]	Calculated	DE0002	Count of all financial transactions (cash receipts) where the financial transaction type is equal to 18 and the financial adjustment reason code is equal to 8127 thru 8135, or the financial transaction type is equal to 48 and the financial adjustment reason code is equal to 8427 thru 8435.
10	Total Recoveries [Amount]	Calculated	DE0002	Sum of the financial amount for all financial transactions (cash receipts) where the financial transaction type is equal to 18 and the financial adjustment reason code is equal to 8127 thru 8135, or the financial transaction type is equal to 48 and the financial adjustment reason code is equal to 8427 thru 8435.
11	Total Special Pay [Count]	Calculated	DE0002	Count of all financial transactions (add/pay) where the financial transaction type is equal to 19 and the financial adjustment reason code is equal to 9125, or where the financial transaction type is equal to 49 and the financial adjustment reason code is equal to 9400.
12	Total Special Pay [Amount]	Calculated	DE0002	Sum of financial amount for all financial transactions (add/pay) where the financial transaction type is equal to 19 and the financial adjustment reason code is equal to 9125, or where the financial transaction type is equal to 49 and the financial adjustment reason code is equal to 9400.
13	Project Code	Contract Project Code	DE9930	Code assigned to the contract project.
14	Invoice Number	Invoice Number	DE9936	Number assigned to the Invoice.

Output Reports MR-O-031A Cost Settlement Claims Transactions Updates - Nursing Home

General Information

Section A - This report is an analysis of each provider's update of the Cost Reimbursement File from claim payments during the reporting month. Only Nursing Home providers are included on this section. This report lists the "Before" counts and amounts from the Cost Reimbursement File, the "Added" counts and amounts from the monthly claims data, and the "After" calculated from the sum of "Before" and "Added" counts and amounts for each provider's current and prior fiscal years. This report also shows the summary totals for all Nursing Home Providers.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Claims Updates (MRM270)
Confidential:	No
Sequence:	Provider Number
Control Breaks:	Provider Number

Cost Settlement Claims Transactions Updates - Nursing Home (MR-O-031A)

```
MRM270                                      VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF: MM/DD/CCYY                         COST SETTLEMENT CLAIMS TRANSACTIONS UPDATES (NURSING HOMES)             PAGE
RUN DATE: MM/DD/CCYY HH:MM                                FOR THE MONTH OF   XXXXXXXXXX
SECTION A: NURSING HOME                                                  (1)                                  (2)
(3)
                                                 BEFORE                                ADDED                     AFTER
                                         CURRENT              PRIOR            CURRENT           PRIOR          CURRENT
                 (4)          (5)                      (6)                       (7)                  (8)
PROVIDER 1234567890     IS ACTIVE       BEGIN DATE=99/99/9999     END DATE=99/99/9999   FYE DATE 99/99/9999   CANCEL
DATE=99/99/9999
CURRENT PERIOD: 99/99/9999 - 99/99/9999 (10)  PRIOR PERIOD: 99/99/9999 - 99/99/9999  (11)
NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                SPECIALIZED CARE : XXXXXXX
 TENTATIVE PAYMENT  (12)     $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 THIRD PARTY AMOUNT   (13)   $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 PATIENT/CO-PAY  AMOUNT (14) $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 RUGS DAYS(15)ST QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             2ND QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             3RD QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             4TH QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
 ADULT DAYS  (16)                ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
 TOTAL CHARGES (17)          $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 NATCEP TENTATIVE PAY (18)   $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 FACILITY TENT PAY  (19)     $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99

PROVIDER 1234567890    IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCEL DATE
CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

 TENTATIVE PAYMENT           $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 THIRD PARTY AMOUNT          $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 PATIENT/CO-PAY  AMOUNT      $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 RUGS DAYS   1ST QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             2ND QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             3RD QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
             4TH QUARTER         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
 ADULT DAYS                      ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
 TOTAL CHARGES               $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 NATCEP TENTATIVE PAY        $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
 FACILITY TENT PAY           $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99

DO NOT INCLUDE IN COST SETTLEMENT:
 PRIVATE ROOM DAYS (20)         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
 PRIV ROOM DIFFERENTIAL(21) $$$,$$$,$$9.99 $$$,$$$,$$9.99      $$$,$$$,$$9.99 $$$,$$$,$$9.99        $$$,$$$,$$9.9
$$$,$$$,$$9.99

***SUMMARY****

 TENTATIVE PAYMENT           $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.9
$$$,$$$,$$9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Before	MARS Cost Settlement Before Totals	DE6781	The total counts and amounts from the Cost Reimbursement File at the beginning of the month before the current month's transactions are added.
2	Added	MARS Cost Settlement Added Totals	DE6782	The total counts and amounts for the current month's transactions.
3	After	MARS Cost Settlement After Totals	DE6783	The total counts and amounts from the Cost Reimbursement File at the end of the month after the current month's transactions have been added. The AFTER column equals the sum of the BEFORE and ADDED columns.
4	PROVIDER NUMBER	National Provider Identifier	DE4700	

5	Provider Status	MARS Provider Status	DE6780	Literal indicating whether provider is active or cancelled.
6	Begin Date	Provider Type Begin Date	DE4010	
7	End Date	Provider Type End Date	DE4011	
8	FYE Date	MARS Provider Current Fiscal Year End	DE6775	The provider's current fiscal year end date.
9	Cancel Date	Provider Cancellation Notification Date	DE4502	
10	Current Period	Calculated	DE0002	From and through dates of the provider's current fiscal year period being reported.
11	Prior Period	Calculated	DE0002	From and through dates of the provider's prior fiscal year period being reported.
12	Tentative Payment	Claim Payment Amount	DE2023	
13	Third Party Amount	Claim Third Party Payment	DE2018	
14	Patient/Co-Pay Amount	Calculated	DE0002	Sum of Claim Patient Pay Amount (DE 2083) and Claim Medicaid Co-Payment (DE 2022).
15	RUGS Days	Claim Payment days	DE2315	Total Claim Payment Days for RUGS providers, reported by quarter based on the provider's current fiscal year period. Only claims with provider type '010' or '015' are included in the RUGS DAYS count.
16	Adult Days	Claim Payment days	DE2315	Sum of Claim Payment Days for all claims for the provider. All provider types are included in the ADULT DAYS count.
17	Total Charges	Claim Billed Charge	DE2016	
18	NATCEP Tentative Pay	NATCEP-Payment-Amount	DE2881	
19	Facility Tent Pay	Calculated	DE0002	TENTATIVE PAYMENT (field #11) minus NATCEP TENT PAY (field #23).
20	PRIVATE ROOM DAYS	Claim Payment days	DE2315	Sum of Claim Payment Days for all claims where Provider Type equals '010' or '015' AND Private Room Differential Amount (DE#2077) is greater than zero..

21	PRIV ROOM DIFFERENTIAL	Claim Private Room Differential	DE2077	Sum of claim Private Room Differential amounts for all claims where Provider Type equals '010' or '015'.

Output Reports MR-O-031B Cost Settlement Claims Transactions Updates - Hospitals

General Information

Section B - This report is an analysis of each provider's update of the Cost Reimbursement File from claim payments during the reporting month. Only Hospital providers are included on this section. Each provider is summarized into Inpatient and Outpatient Totals. Both Inpatient and Outpatient reports total amount paid third party payment, patient payment amount, charges and covered charges for each provider's current and prior fiscal years. The Inpatient portion will also show the total DSH amount paid and a breakdown for Units by NB Days, Pay Days, Reduced Days and Total Rev. Days. The Outpatient portion of this report will only report Units. This report also summarizes total counts and amounts for all Inpatient Hospitals and Outpatient Hospitals.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Claims Updates (MRM270)
Confidential:	No
Sequence:	Provider Number Claim Type
Control Breaks:	Provider Number Claim Type

Cost Settlement Claims Transactions Updates - Hospitals (MR-O-031B)

```
MRM270                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                   COST SETTLEMENT CLAIMS TRANSACTIONS UPDATES (HOSPITALS)
RUN DATE: MM/DD/CCYY HH:MM                          FOR THE MONTH OF   XXXXXXXXXX
SECTION B: HOSPITALS
                                          BEFORE  (1)                        ADDED (2)              AFT
                                       CURRENT        PRIOR            CURRENT        PRIOR          CURR

***INPATIENT***(4)      (5)              (6)                  (7)                  (9)                  (
 PROVIDER 1234567890   IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCE
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

  TENTATIVE PAYMENT (11)    $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$
  THIRD PARTY AMOUNT(12)    $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$
  PATIENT/CO-PAY AMOUNT(13) $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$
  DSA PAYMENTS (14)         $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$
UNITS:
        NB DAYS (15)          ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        PAY DAYS (16)         ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        REDUCE DAYS (17)      ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        TOTAL REV. DAYS (18)  ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9

***OUTPATIENT***
 PROVIDER 1234567890   IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCE
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

  TENTATIVE PAYMENT      $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  THIRD PARTY AMOUNT     $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  PATIENT/CO-PAY AMOUNT  $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  UNITS (19)                ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9

***INPATIENT SUMMARY***
 PROVIDER 1234567890   IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCE
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

  TENTATIVE PAYMENT      $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  THIRD PARTY AMOUNT     $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  PATIENT/CO-PAY AMOUNT  $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
  DSA PAYMENTS           $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.99 $$$,$$$,$$9.99       $$$,$$$,$$9.
UNITS:
        NB DAYS                ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        PAY DAYS               ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        REDUCE DAYS            ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
        TOTAL REV. DAYS        ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9        ZZZ,ZZ9              ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Before	MARS Cost Settlement Before Totals	DE6781	The total counts and amounts from the Cost Reimbursement File at the beginning of the month before the current month's transactions are added.
2	Added	MARS Cost Settlement Added Totals	DE6782	The total counts and amounts for the current month's transactions.
3	After	MARS Cost Settlement After Totals	DE6783	The total counts and amounts from the Cost Reimbursement File at the end of the month after the current month's transactions have been added. The AFTER column equals the sum of the BEFORE and ADDED columns.
4	PROVIDER NUMBER	National Provider Identifier	DE4700	

5	Provider Status	MARS Provider Status	DE6780	Literal indicating whether provider is active or cancelled.
6	Begin Date	Provider Type Begin Date	DE4010	
7	End Date	Provider Type End Date	DE4011	
9	FYE Date	MARS Provider Current Fiscal Year End	DE6775	
10	Cancel Date	Provider Cancellation Notification Date	DE4502	
11	Tentative Payment	Claim Payment Amount	DE2023	
12	Third Party Amount	Claim Third Party Payment	DE2018	
13	Patient/Co-Pay Amount	Calculated	DE0002	Sum of Claim Patient Pay Amount (DE 2083) and Claim Medicaid Co-Payment (DE 2022).
14	DSA Payments	Claim Disproportionate Share Amount	DE2080	
15	NB Days (Inpatient)	Calculated	DE0002	Sum of revenue units (DE# 2123) for the following revenue codes: 170, 171, 173, 174, 176 - 178, 180.
16	Pay Days (Inpatient)	Claim Payment days	DE2315	
17	Reduce Days (Inpatient)	Claim Cutback Days/Units	DE2065	
18	Total Rev. Days (Inpatient)	Calculated	DE0002	PAY DAYS (field #16) minus REDUCE DAYS (field #17).
19	Units (Outpatient)	MARS Units of Service	DE6252	

Output Reports MR-O-031C Cost Settlement Claims Transactions Updates - FQHC & RHC

General Information

Section C - This report is an analysis of each provider's update of the Cost Reimbursement File from claim payments during the reporting month. Only FQHC and RHC providers are included on this report. The report contains separate sections for Physicians Counts and Dental Counts within each Provider Group.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Claims Updates (MRM270)
Confidential:	No
Sequence:	Provider Group Number, Provider Number, Claim Type
Control Breaks:	Provider Group Number, Provider Number, Claim Type

Cost Settlement Claims Transactions Updates - FQHC & RHC (MR-O-031C)

```
MRM270                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                     COST SETTLEMENT CLAIMS TRANSACTIONS UPDATES (FQHC & RHC)                PA
RUN DATE: MM/DD/CCYY HH:MM                                FOR THE MONTH OF   XXXXXXXXXX
SECTION C: FQHC & RHC
                                                  BEFORE  (1)                        ADDED (2)                AFTE
     (4)                                    CURRENT         PRIOR              CURRENT        PRIOR           CURREN
 PROVIDER GROUP 1234567890
   (5)                 (6)              (7)                      (8)                    (9)                    (10)
 PROVIDER 1234567890  IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCEL D
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

***PHYSICIAN COUNTS****
  TENTATIVE PAYMENT (11) $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  THIRD PARTY AMOUNT(12) $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  UNITS (13)                 ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9
  TOTAL CHARGES (14)     $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99


 PROVIDER 1234567890  IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCEL D
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

***DENTAL COUNTS****
  TENTATIVE PAYMENT      $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  THIRD PARTY AMOUNT     $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  UNITS                      ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9
  TOTAL CHARGES          $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99


 PROVIDER 1234567890  IS ACTIVE      BEGIN DATE=99/99/9999 END DATE=99/99/9999   FYE DATE 99/99/9999   CANCEL D
 CURRENT PERIOD: 99/99/9999 - 99/99/9999  PRIOR PERIOD: 99/99/9999 - 99/99/9999

***GROUP COUNTS****
  TENTATIVE PAYMENT      $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  THIRD PARTY AMOUNT     $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  UNITS                      ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9
  TOTAL CHARGES          $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99

***SUMMARY PHYSICIAN COUNTS****
  TENTATIVE PAYMENT      $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  THIRD PARTY AMOUNT     $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
  UNITS                      ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9        ZZZ,ZZ9             ZZZ,ZZ9
  TOTAL CHARGES          $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99 $ZZ,ZZZ,ZZ9.99       $ZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Before	MARS Cost Settlement Before Totals	DE6781	The total counts and amounts from the Cost Reimbursement File at the beginning of the month before the current month's transactions are added.
2	Added	MARS Cost Settlement Added Totals	DE6782	The total counts and amounts for the current month's transactions.
3	After	MARS Cost Settlement After Totals	DE6783	The total counts and amounts from the Cost Reimbursement File at the end of the month after the current month's transactions have been added. The AFTER column equals the sum of the BEFORE and ADDED columns.
4	Provider Group	Provider Group Identifier	DE4106	Dental providers (PT = 41) belonging to FQHC or RHC Provider Group ID.
5	Provider Number	National Provider Identifier	DE4700	

6	Provider Status	MARS Provider Status	DE6780	Literal indicating whether provider is active or cancelled.
7	Begin Date	Provider Type Begin Date	DE4010	
8	End Date	Provider Type End Date	DE4011	
9	FYE Date	MARS Provider Current Fiscal Year End	DE6775	The provider's current fiscal year end date.
10	Cancel Date	Provider Cancellation Notification Date	DE4502	
11	Tentative Payment	Claim Payment Amount	DE2023	
12	Third Party Amount	Claim Third Party Payment	DE2018	
13	Units	MARS Units of Service	DE6252	
14	Total Charges	Claim Billed Charge	DE2016	

Output Reports MR-O-032A Cost Settlement - Nursing Homes

General Information

This is the Cost Settlement report for Nursing Home Providers. The report includes Nursing Home Providers whose Fiscal Year End occurs within the report period, or whose lag / accrual period ends within the report period. This report is used by the DMAS Cost Settlement Section during the annual audit of providers. The Virginia Cost Settled Provider Crosswalk (see MRM260 program specifications) lists the selection criteria for the providers included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Reports - Nursing Home (MRM278)
Confidential:	No
Sequence:	Provider Number Revenue Code
Control Breaks:	Provider Number

Cost Settlement - Nursing Homes (MR-O-032A)

```
MRM278                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                  COST SETTLEMENT (NURSING HOMES)
RUN DATE: MM/DD/CCYY HH:MM                         FOR THE MONTH OF XXXXXXXXXX

SECTION A : NURSING HOMES
                    (1)                 (2)                                        (3)
       PROVIDER NO: 1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX
                                                        (4)                                  (5)
       REVENUE       REVENUE                    ---- CURRENT-FY END: MM/DD/YY----        ----- PRIOR-FY END: 9
        CODE (6)    DESCRIPTION                     UNITS (7)          CHARGES (8)          UNITS

          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
             **TOTAL ROUTINE REV CODES            ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $

          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
             **TOTAL OTHER ROUT REV CODES         ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $

          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
             **TOTAL ANCIL REV CODES              ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $

          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
          XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $
             **UNCLASSIFIED REV CODES             ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $


          TOTAL CHARGES (9)                                       $$$$,$$$,$$9.99                           $
          TENTATIVE PAYMENT  (10)                                 $$$$,$$$,$$9.99                           $
          TOTAL ANCILLARY CHARGES (11)                            $$$$,$$$,$$9.99                           $
          THIRD PARTY PAYMENT AMOUNT (12)                         $$$$,$$$,$$9.99                           $
          PATIENT PAY / CO-PAY AMOUNT (13)                        $$$$,$$$,$$9.99                           $
          NATCEP AMOUNT (14)                                      $$$$,$$$,$$9.99                           $
          FACILITY TENTATIVE PAYMENT (15)                         $$$$,$$$,$$9.99                           $

          ADULT DAYS                              ZZZ,ZZZ,Z99 (16)                      ZZZ,ZZZ,Z99 (17)

*** NURSING HOME SECTION ONLY ***                                                  (18)
NURSING HOME PRIVATE DAYS (DO NOT INCLUDE IN COST SETTLEMENT) -  CURRENT DAYS: ZZZ,ZZZ,ZZ9   DIFFERENTIAL: $$$
                                                               - PREVIOUS DAYS: ZZZ,ZZZ,ZZ9   DIFFERENTIAL: $$$

PIRS DAYS  ------- 1ST QUARTER -------   ------- 2ND QUARTER ------   ------- 3RD QUARTER ------   ------- 4TH
CURRENT            ZZZ,ZZZ,Z99                  ZZZ,ZZZ,Z99                  ZZZ,ZZZ,Z99                  ZZZ
PRIOR              ZZZ,ZZZ,Z99                  ZZZ,ZZZ,Z99                  ZZZ,ZZZ,Z99                  ZZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider No	National Provider Identifier	DE4700	
2	Provider Name	Provider Name	DE4085	
3	Provider Type Description	Provider Type Description	DE4296	
4	Current-FY End	MARS Provider Current Fiscal Year End	DE6775	
5	Prior-FY End	MARS Provider Prior Fiscal Year End	DE6785	
6	Revenue Code [Group]	MARS Cost Settlement Group Code	DE6786	Revenue code group assigned by MARS based on the claim revenue code (2122).
7	Units	Claim Revenue Units	DE2123	
8	Charges	Claim Revenue	DE2124	

		Amount		
9	Total Charges	Claim Billed Charge	DE2016	Sum of the Claim Billed Charges (DE#2016) for all claims selected on this report.
10	Tentative Payment	Claim Payment Amount	DE2023	Sum of the Claim Payment Amount (DE#2023) for all claims selected on this report.
11	Total Ancillary Charges	Calculated	DE0002	Sum of the Total Charges (field#8) for all ancillary revenue code lines included on this report.
12	Third Party Payment Amount	Claim Third Party Payment	DE2018	Sum of the Claim TPL Amount Paid (DE#2018) for all claims selected on this report.
13	Patient Pay / Co-Pay Amount	Calculated	DE0002	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.
14	NATCEP Amount	NATCEP-Payment-Amount	DE2881	
15	Facility Tentative Payment	Calculated	DE0002	The sum of Payment Amount (DE#2023) minus NATCEP Payment Amount (DE#2881) for all claims selected on this report.
16	ADULT DAYS - Units	Claim Payment days	DE2315	Sum of Claim Payment Days for all claims for the provider. All provider types are included in the ADULT DAYS count.
17	ADULT DAYS - Amount	Claim Payment Amount	DE2023	Sum of Payment Amount for all claims (includes payment for Private Room Differential Amount & Ancillary Services).
18	Nursing Home Private Days	Claim Payment days	DE2315	Sum of Claim Payment Days for all claims where Provider Type equals '010' or '015' AND Private Room Differential Amount (DE#2077) is greater than zero.
19	Nursing Home Private Differential	Claim Private Room Differential	DE2077	Sum of claim Private Room Differential amounts for all claims where Provider Type equals '010' or '015'. Totals are reported separately for current and prior years.
20	RUGS Days - Units	Claim Payment days	DE2315	Total Claim Payment Days for RUGS providers, reported by quarter and current/prior fiscal year, based on the pro-

				vider's fiscal year end date. Only claims with provider type '010' or '015' are included in the RUGS DAYS count.
21	RUGS DAYS - Amount	Claim Payment Amount	DE2023	Sum of Payment Amount for all claims where the Provider Type equals '010' or '015', reported by quarter and current/prior fiscal year, and (includes payment for Private Room Differential Amount & Ancillary Services).

Output Reports MR-O-032B Cost Settlement - Hospital Inpatient

General Information

This is the Cost Settlement Report for Inpatient Hospital Providers. The report includes Inpatient Hospital Providers whose Fiscal Year End occurs within the report period, or whose lag / accrual period ends within the report period. This report is used by the DMAS Cost Settlement Section during the annual audit of providers. The Virginia Cost Settled Provider Crosswalk (see MRM260 program specifications) lists the selection criteria for the providers included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Reports - Hospital (MRM280)
Confidential:	No
Sequence:	Provider Number
Control Breaks:	Provider Number

Cost Settlement - Hospital Inpatient (MR-O-032B)

```
MRM280                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                            COST SETTLEMENT (HOSPITAL INPATIENT)
RUN DATE: MM/DD/CCYY HH:MM                   FOR THE MONTH OF XXXXXXXXXX

SECTION B : HOSPITAL INPATIENT
                      (1)                  (2)                                    (3)
      PROVIDER NO: 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX
                                                                   (4)
      REVENUE       REVENUE                  ---- CURRENT-FY END: MM/DD/YY----         ----- PRIOR-FY END: 99/
       CODE        DESCRIPTION                   UNITS              CHARGES               UNITS
        (6)                                       (7)               (8)
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
            **TOTAL ROUTINE REV CODES            ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$

        XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
        XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
        XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$
           **TOTAL ANCIL REV CODES              ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99        ZZZ,ZZZ,ZZ9        $$$

         TENTATIVE PAYMENT (10)                                $$$$,$$$,$$9.99                           $$$
         TOTAL ANCILLARY/R&B CHARGES (11)                      $$$$,$$$,$$9.99                           $$$
         THIRD PARTY PAYMENT AMOUNT (12)                       $$$$,$$$,$$9.99                           $$$
         PATIENT PAY/CO-PAY AMOUNT (13)                        $$$$,$$$,$$9.99                           $$$
         TOTAL DSA AMOUNT (14)                                 $$$$,$$$,$$9.99                           $$$

         DAYS PAID
         ADULT DAYS (15)                                          ZZZ,ZZZ,ZZ9                            Z
         LESS: UR REDUCTION DAYS (16)                             ZZZ,ZZZ,ZZ9                            Z
         TOTAL PAYABLE DAYS (17)                                  ZZZ,ZZZ,ZZ9                            Z
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider No	National Provider Identifier	DE4700	
2	Provider Name	Provider Name	DE4085	
3	[Provider] Type [Description]	Provider Type Description	DE4296	
4	Current-FY End	MARS Provider Current Fiscal Year End	DE6775	
5	Prior-FY End	MARS Provider Prior Fiscal Year End	DE6785	
6	Revenue Code [Group]	MARS Cost Settlement Group Code	DE6786	Revenue code group assigned by MARS based on the claim revenue code (2122).
7	Units	Claim Revenue Units	DE2123	
8	Charges	Claim Revenue	DE2124	

		Amount		
10	Tentative Payment	Claim Payment Amount	DE2023	Sum of the Claim Payment Amount (DE#2023) for all claims selected on this report.
11	Total Ancillary/R&B Charges	Calculated	DE0002	Sum of all Total Charges (field#8) for routine revenue codes and ancillary revenue codes included on this report.
12	Third Party Payment Amount	Claim Third Party Payment	DE2018	Sum of the Claim TPL Amount Paid (DE#2018) for all claims selected on this report.
13	Patient Pay / Co-Pay Amount	Calculated	DE0002	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.
14	Total DSA Amount	Claim Disproportionate Share Amount	DE2080	Sum of the Claim DSA Amount (DE#2080) for all claims selected on this report.
15	Covered Days	Claim Covered Days	DE2108	
16	Less: UR Reduction Days	Claim Non-Covered Days	DE2109	
17	Total Payable Days	Calculated	DE0002	Covered Days (field 16) minus UR Reduction Days (field 17).

Output Reports MR-O-032C Cost Settlement - Hospital Outpatient

General Information

This is the Cost Settlement Report for Outpatient Hospital Providers. The report includes Outpatient Hospital Providers whose Fiscal Year End occurs within the report period, or whose lag / accrual period ends within the report period. This report is used by the DMAS Cost Settlement Section during the annual audit of providers. The Virginia Cost Settled Provider Crosswalk (see MRM260 program specifications) lists the selection criteria for the providers included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Reports - Hospital (MRM280)
Confidential:	No
Sequence:	Provider Number, Claim Type, Revenue Code
Control Breaks:	Provider Number, Claim Type, Revenue Code

Cost Settlement - Hospital Outpatient (MR-O-032C)

```
MRM280                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                              COST SETTLEMENT (HOSPITAL OUTPATIENT)
RUN DATE: MM/DD/CCYY HH:MM                     FOR THE MONTH OF XXXXXXXXXX

SECTION C : HOSPITAL OUTPATIENT
                    (1)              (2)                                    (3)
      PROVIDER NO: 1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX
                                                      (4)                                    (5)
      REVENUE        REVENUE                   ---- CURRENT-FY END: MM/DD/YY----      ----- PRIOR-FY END: 99
       CODE (6)     DESCRIPTION                    UNITS (7)          CHARGES(8)          UNITS

         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
         XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$
            **TOTAL ANCIL REV CODES              ZZZ,ZZZ,ZZ9     $$$$,$$$,$$9.99       ZZZ,ZZZ,ZZ9       $$


         TENTATIVE PAYMENT(10)                                  $$$$,$$$,$$9.99                         $$
         TOTAL ANCILLARY CHARGES (11)                           $$$$,$$$,$$9.99                         $$
         THIRD PARTY PAYMENT AMOUNT (12)                        $$$$,$$$,$$9.99                         $$
         PATIENT PAY/CO-PAY AMOUNT (13)                         $$$$,$$$,$$9.99                         $$

         COVERED VISITS (14)                                        ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider No	National Provider Identifier	DE4700	
2	Provider Name	Provider Name	DE4085	
3	[Provider] Type [Description]	Provider Type Description	DE4296	
4	Current-FY End	MARS Provider Current Fiscal Year End	DE6775	
5	Prior-FY End	MARS Provider Prior Fiscal Year End	DE6785	
6	Revenue Code [Group]	MARS Cost Settlement Group Code	DE6786	Revenue code group assigned by MARS based on the claim revenue code (2122).
7	Units	Claim Number of Units/Visits/Studies	DE2009	
8	Charges	Claim Revenue Amount	DE2124	
10	Tentative Payment	Claim Payment Amount	DE2023	Sum of the Claim Payment Amount

				(DE#2023) for all claims selected on this report.
11	Total Ancillary Charges	Calculated	DE0002	Sum of all Total Charges (field#8) for all ancillary revenue codes included on this report.
12	Third Party Payment Amount	Claim Third Party Payment	DE2018	Sum of the Claim TPL Amount Paid (DE#2018) for all claims selected on this report.
13	Patient Pay / Co-Pay Amount	Calculated	DE0002	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.
14	Covered Visits	Calculated	DE0002	Unduplicated count of all claims included on this report.

Output Reports MR-O-032D Cost Settlement - FQHC & RHC

General Information

This is the Cost Settlement Report for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC). This report also includes dentists who are associated with either a FQHC or RHC provider. FQHC/RHC providers and any dentist(s) associated with them are reported separately by individual provider ID, but are together within the same group ID. The report includes FQHC/RHC providers whose Fiscal Year End occurs within the report period, or whose lag / accrual period ends within the report period. This report is used by the DMAS Cost Settlement Section during the annual audit of providers. The Virginia Cost Settled Provider Crosswalk (see MRM260 program specifications) lists the selection criteria for the providers included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Reports - RHC & FQHC (MRM279)
Confidential:	No
Sequence:	Provider Group Number Claim Type Procedure Code
Control Breaks:	Provider Group Number Claim Type Procedure Code

Cost Settlement - FQHC & RHC (MR-O-032D)

```
MRM279                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                                COST SETTLEMENT (FQHC & RHC)                                 PA
RUN DATE: MM/DD/CCYY HH:MM                       FOR THE MONTH OF XXXXXXXXXX
SECTION D : FQHC & RHC
                    (1)                           (2)                                  (3)
PROVIDER NUMBER: 1234567890          PROVIDER CLASS TYPE XXX         CLINIC NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GROUP    NUMBER: 1234567890 (4)

                                                   (5)                                                   (6)
PROCEDURE                              ------ CURRENT-FY END: 99/99/99------                 ------ PRIOR-FY END:
 CODE(7)   DESCRIPTION                ENCTRS (8)  TENT PAY(9) UNITS (10)    CHARGES(11)      ENCTRS      TENT PAY

PHYSICIANS (CLAIM TYPE CODE-5)
XXXXXXX XXXXXXXXXXXXXXXXXX            Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9
XXXXXXX XXXXXXXXXXXXXXXXXX            Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9
XXXXXXX XXXXXXXXXXXXXXXXXX            Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9
            * SUB TOTAL *             Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9


       PHYSICIAN TOTALS -             Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9


PROVIDER NUMBER: 1234567890          PROVIDER CLASS TYPE XXX         CLINIC NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROCEDURE                              ------ CURRENT-FY END: 99/99/99------                 ------ PRIOR-FY END:
 CODE      DESCRIPTION                ENCTRS      TENT PAY  UNITS        CHARGES          ENCTRS      TENT PAY  UN

DENTAL (CLAIM TYPE CODE-11)
XXXXXXX XXXXXXXXXXXXXXXXXX            Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9
            * SUB TOTAL *             Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9

XXXXXXX XXXXXXXXXXXXXXXXXX            Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9
            * SUB TOTAL *             Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9

          DENTAL TOTALS -             Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9 $$$,$$$,$$9.99         Z,ZZ9 $$$,$$$,$$9.99 Z,ZZ9


GRAND TOTAL: ALL CLAIMS
      ENCOUNTERS/TENTATIVE PYMTS:     Z,ZZ9 $$$,$$$,$$9.99 (12)                         Z,ZZ9 $$$,$$$,$$9.99  (13)
      UNITS/CHARGES:                  Z,ZZ9 $$$,$$$,$$9.99 (14)                         Z,ZZ9 $$$,$$$,$$9.99  (15)
      THIRD PARTY PAYMENTS:                 $$$,$$$,$$9.99 (16)
      PATIENT PAY / CO-PAY:                 $$$,$$$,$$9.99 (17)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Number	National Provider Identifier	DE4700	
2	Provider Class Type	Provider Type	DE4006	
3	Clinic Name	Provider Name	DE4085	Name associated with the Group Provider ID on this report.
4	Group Number	Provider Group Identifier	DE4106	
5	Current-FY End	MARS Provider Current Fiscal Year End	DE6775	
6	Prior-FY End	MARS Provider Prior Fiscal Year End	DE6785	
7	Procedure Code	MARS Cost Settlement Group Code	DE6786	Procedure group assigned by MARS based on the claim procedure code (DE2008).

8	Enctrs	Calculated	DE0002	Count of the claims where the procedure code equals one of the following: Clinic Visits: Z8805, Z8806, 99201 - 99220, 99241 - 99245. Hospital Visits: Z8807, 99221 - 99239, 99251 - 99263. Nursing Home Visits: Z8808, 99301 - 99316. Dental Clinic Visits: 00088, D0120, D0150.
9	Tent Pay	Claim Payment Amount	DE2023	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Charges	Claim Billed Charge	DE2016	
12	Grand Total: Encounters	Calculated	DE0002	The total number of Encounters for the group provider (field #8).
13	Grand Total: Tentative Payments	Calculated	DE0002	The sum of all Tentative Payments (Claim Payment Amounts) for the group provider (field #9).
14	Grand Total: Units	Calculated	DE0002	The sum of all MARS Claim Units for the group provider (field #10).
15	Grand Total: Charges	Calculated	DE0002	The sum of all Charges (Claim Billed Amount) for the group provider (field #11).
16	Grand Total: Third Party Payments	Claim Third Party Payment	DE2018	The sum of all TPL Payment Amounts on the claims reported for this group provider.
17	Grand Total: Patient Pay / Co-Pay	Claim Patient Pay Amount	DE2083	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.

Output Reports MR-O-032E FAMIS Cost Settlement - FQHC & RHC Report

General Information

This is the FAMIS Cost Settlement Report for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC). This report only reports on Provider Types 52 and 53. The report includes FQHC/RHC, Provider Types 52 and 53, providers whose Fiscal Year End occurs within the report period, or whose lag / accrual period ends within the report period. This report is used by the DMAS Cost Settlement Section during the annual audit of providers.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	FAMIS Cost Settlement Reports - RHC & FQHC (MRM294)
Confidential:	No
Sequence:	Provider Group Number Claim Type Procedure Code
Control Breaks:	Provider Group Number Claim Type Procedure Code

FAMIS Cost Settlement - FQHC & RHC (MR-O-032E)

```
MRM294                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MR-O-032E
AS OF:MM/DD/CCYY                                        FAMIS FQHC/RHC                                  PAGE NUMBER:         1
RUN DATE: MM/DD/CCYY HH:MM                     SUMMARY REPORT FOR MONTH OF XXXXXXX
SECTION D: FQHC & RHC
PROVIDER NUMBER: 9999999999          PROVIDER CLASS TYPE 999          CLINIC NAME: XXXXXXXX XXXXXX XXXXXXXX
GROUP    NUMBER: 9999999999
*****************************************************************************************************************************
                                      ------- CURR. F/Y: MM/DD/YY TO MM/DD/YY ------  ------- PRIOR F/Y: MM/DD/YY TO MM/DD/YY ------
PROCEDURE
 CODE        DESCRIPTION             ENCTRS        TENT PAY   UNITS         CHARGES  ENCTRS        TENT PAY   UNITS         CHARGES
*****************************************************************************************************************************
PHYSICIANS (CLAIM TYPE CODE-5)
99999 XXXXXX/XXXXXXXXX XXXXXX XXX        99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99
99999 XXXXXX/XXXXXXXXX XXXXXX XXX        99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99
99999 XXXXXX/XXXXXXXXX XXXXXX XXX        99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99

             * SUB-TOTAL *               99       $9,999.99      99       $9,999.99     994      $99,999.99     999      $99,999.99

99999 XXXXXXXX XXXXXXXXXXXXXXXXXXXX      99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99
99999 XXXXXXXX XXXXXXXXXXXXXXXXXXXX      99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99
99999 XXXXXXXX XXXXXXXXXXXXXXXXXXXX      99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99

             * SUB-TOTAL *               99       $9,999.99      99       $9,999.99      99       $9,999.99      99       $9,999.99

         PHYSICIAN TOTALS -              99       $9,999.99      99       $5,475.00     999      $99,999.99     999      $99,999.99

  GRAND TOTALS:  ALL CLAIMS
       ENCOUNTERS/TENTATIVE PAYMENTS:
                                         99       $9,999.99                              999      $99,999.99
       UNITS/CHARGES :
                                         99       $9,999.99                              999      $99,999.99
       THIRD PARTY PAYMENTS                       $9,999.99                                       $99,999.99
       PATIENT PAY/CO-PAY AMOUNTS                 $9,999.99                                       $99,999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Number	National Provider Identifier	DE4700	
2	Provider Class Type	Provider Type	DE4006	
3	Clinic Name	Provider Name	DE4085	Name associated with the Group Provider ID on this report.
4	Group Number	Provider Group Identifier	DE4106	
5	Current-FY End	MARS Provider Current Fiscal Year End	DE6775	
6	Prior-FY End	MARS Provider Prior Fiscal Year End	DE6785	
7	Procedure Code	MARS Cost Settlement Group Code	DE6786	Procedure group assigned by MARS based on the claim procedure code (DE2008).
8	Enctrs	Calculated	DE0002	Count of the claims where the procedure code equals one of the following: Clinic Visits: Z8805, Z8806, 99201 - 99220, 99241 - 99245. Hospital Visits: Z8807, 99221 - 99239, 99251 - 99263. Nursing Home Visits: Z8808, 99301 - 99316. Dental Clinic Visits: 00088, D0120, D0150.

9	Tent Pay	Claim Payment Amount	DE2023	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Charges	Claim Billed Charge	DE2016	
12	Grand Total: Encounters	Calculated	DE0002	The total number of Encounters for the group provider (field #8).
13	Grand Total: Tentative Payments	Calculated	DE0002	The sum of all Tentative Payments (Claim Payment Amounts) for the group provider (field #9).
14	Grand Total: Units	Calculated	DE0002	The sum of all MARS Claim Units for the group provider (field #10).
15	Grand Total: Charges	Calculated	DE0002	The sum of all Charges (Claim Billed Amount) for the group provider (field #11).
16	Grand Total: Third Party Payments	Claim Third Party Payment	DE2018	The sum of all TPL Payment Amounts on the claims reported for this group provider.
17	Grand Total: Patient Pay / Co-Pay	Claim Patient Pay Amount	DE2083	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.

Output Reports MR-O-033 Home Health Cost Summary Request

General Information

This report gives a summary for Home Health providers. The contents of this report are controlled by the user through parameters specified on the Home Health Request screen (MR-O-002). Home Health Providers are not cost settled. This report is used to track services provided by Home Health agencies.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Cost Settlement Unit
Program:	Cost Settlement Home Health Reporting Process (MRM281)
Confidential:	No
Sequence:	Provider Number, Revenue Code
Control Breaks:	Provider Number, Revenue Code

Home Health Cost Summary Request (MR-O-033)

```
MRM281                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                 HOME HEALTH COST SUMMARY REQUEST
RUN DATE: MM/DD/CCYY HH:MM                 REQUEST COST SUMMARY REPORT FOR  MM/YY - MM/YY
                (1)          (2)
PROVIDER NO: 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FISCAL YEAR END
 (3)
 REV   REVENUE                    ---------------------CURRENT YEAR--------------------
 CODE  DESCRIPTION                     UNITS (5)        CHARGES (6)              PAID (7)

420  PHYS THERAPY ASSESSMENT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
421  PHYS THERAPY FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     PHYSICAL THERAPY          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

430  OCC THERAPY ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
431  OCC THERAPY FOLLOW UP     ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     OCCUPATIONAL THERAPY      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

441  SPEECH EVALUATION         ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
444  SPEECH FOLLOW UP          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SPEECH THERAPY            ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

542  MEDICAL TRANSPORTATION    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

550  SKILL NURSE ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
551  SKILL NURSE, FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
552  SKILL NURSE, COMP VISIT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SKILLED NURSING CARE      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

571  HOME HEALTH AIDE VISIT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-


       TOTAL CHARGES  (INVOICE) (8)       $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (DISALLOWED)(9)     $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (APPROVED)(10)      $$,$$$,$$$,$$9.99-

       TENTATIVE PAYMENT (11)             $$,$$$,$$$,$$9.99-
       THIRD PARTY PAYMENT AMOUNT(12)     $$,$$$,$$$,$$9.99-
       PATIENT PAYMENT AMOUNT(13)         $$,$$$,$$$,$$9.99-

       COVERED VISITS(14)     Z,ZZZ,ZZZ
```

Home Health Cost Summary Request (MR-O-033)

```
MRM281                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                HOME HEALTH COST SUMMARY REQUEST
RUN DATE: MM/DD/CCYY HH:MM                 REQUEST COST SUMMARY REPORT FOR  MM/YY - MM/YY

PROVIDER NO: XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FISCAL YEAR END

 REV   REVENUE                    ---------------------CURRENT YEAR--------------------
 CODE  DESCRIPTION                     UNITS            CHARGES                 PAID

420  PHYS THERAPY ASSESSMENT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
421  PHYS THERAPY FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     PHYSICAL THERAPY          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

430  OCC THERAPY ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
431  OCC THERAPY FOLLOW UP     ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     OCCUPATIONAL THERAPY      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

441  SPEECH EVALUATION         ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
444  SPEECH FOLLOW UP          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SPEECH THERAPY            ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

542  MEDICAL TRANSPORTATION    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

550  SKILL NURSE ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
551  SKILL NURSE, FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
552  SKILL NURSE, COMP VISIT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SKILLED NURSING CARE      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

571  HOME HEALTH AIDE VISIT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

XXX  XXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
XXX  XXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

       TOTAL CHARGES  (INVOICE)          $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (DISALLOWED)       $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (APPROVED)         $$,$$$,$$$,$$9.99-

       TENTATIVE PAYMENT                 $$,$$$,$$$,$$9.99-
       THIRD PARTY PAYMENT AMOUNT        $$,$$$,$$$,$$9.99-
       PATIENT PAYMENT AMOUNT            $$,$$$,$$$,$$9.99-

       COVERED VISITS         Z,ZZZ,ZZZ
```

Home Health Cost Summary Request (MR-O-033)

```
MRM281                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                HOME HEALTH COST SUMMARY REQUEST
RUN DATE: MM/DD/CCYY HH:MM                 REQUEST COST SUMMARY REPORT FOR  MM/YY - MM/YY

ALL PROVIDERS

FISCAL YEAR END

 REV   REVENUE                    ---------------------CURRENT YEAR--------------------
 CODE  DESCRIPTION                     UNITS            CHARGES                  PAID

420  PHYS THERAPY ASSESSMENT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
421  PHYS THERAPY FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     PHYSICAL THERAPY          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

430  OCC THERAPY ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
431  OCC THERAPY FOLLOW UP     ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     OCCUPATIONAL THERAPY      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

441  SPEECH EVALUATION         ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
444  SPEECH FOLLOW UP          ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SPEECH THERAPY            ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

542  MEDICAL TRANSPORTATION    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

550  SKILL NURSE ASSESSMENT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
551  SKILL NURSE, FOLLOW UP    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
552  SKILL NURSE, COMP VISIT   ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
     SKILLED NURSING CARE      ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

571  HOME HEALTH AIDE VISIT    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

XXX  XXXXXXXXXXXXXXXXXXXXXX    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-
XXX  XXXXXXXXXXXXXXXXXXXXXX    ZZZ,ZZZ,ZZZ     $$,$$$,$$$,$$9.99-     $$,$$$,$$$,$$9.99-

       TOTAL CHARGES  (INVOICE)          $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (DISALLOWED)       $$,$$$,$$$,$$9.99-
       TOTAL CHARGES  (APPROVED)         $$,$$$,$$$,$$9.99-

       TENTATIVE PAYMENT                 $$,$$$,$$$,$$9.99-
       THIRD PARTY PAYMENT AMOUNT        $$,$$$,$$$,$$9.99-
       PATIENT PAYMENT AMOUNT            $$,$$$,$$$,$$9.99-

       COVERED VISITS         Z,ZZZ,ZZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider No	National Provider Identifier	DE4700	
2	[Provider Name]	Provider Name	DE4085	
3	Rev Code	MARS Cost Settlement Group Code	DE6786	Revenue group assigned by MARS based on the claim revenue code. Refer to the MARS Cost Settlement Group Cross-Walk (Appendix G). The Cross-Walk provides complete details about the selection criteria for all claims included in this report: claim type, provider type, report section, revenue group, group description, and the spe-

				cific revenue codes to be included.
5	Units	Claim Revenue Units	DE2123	
6	Charges	Claim Revenue Amount	DE2124	
7	Paid	Claim Payment Amount	DE2023	
8	Total Charges (Invoice)	Claim Billed Charge	DE2016	
9	Total Charges (Disallowed)	Calculated	DE0002	Total Charges - Invoice (field#8) minus Total Charges - Approved (field#10).
10	Total Charges (Approved)	Calculated	DE0002	Sum of all CHARGES (field #6) for all revenue lines included on this report.
11	Tentative Payments	Claim Payment Amount	DE2023	
12	Third Party Payment Amount	Claim Third Party Payment	DE2018	
13	Patient Pay / Co-Pay Amount	Calculated	DE0002	Sum of the Medicaid Copay Amount (DE#2022) plus the Patient Pay Amount (DE#2083) for all claims selected on this report.
14	Covered Visits	Calculated	DE0002	Sum of total units included on this report.

Output Reports MR-O-042 HCFA-2082 - Section - A (1-4)

General Information

Section A (1-4) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal Fiscal Year. Numbers of recipients are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by Federal Type of Service received. The report covers the numbers of recipients on whose behalf payments were made to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. *** A special version of this report (SECTION-C) is also generated. This report is also generated by Locality and Program-Code as requested by DMAS ***. The following types of payments are included: - Payments of Title XIX claims from medical vendors, made directly by the Fiscal Intermediary. - Payments of Title XVIII deductible and coinsurance amounts, made directly by the Fiscal Intermediary. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupment's, voided checks, and cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service. The following are not considered medical vendor payments: - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Premium or per capita payments paid into the Social Security Administration's System of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds not Federally matchable. NOTE: This report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produces State 2082 Section A MR-O-042 Report & Section B MR-O-043 Report (MRA130)
Confidential:	No
Sequence:	Basis of Eligibility Maintenance Assistance Status Type of Service Locality and Program-Code (VA version)

Control Breaks:	N/A

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION A. (1). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) UNDUPLICATED TOTAL	(04) INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSIN FACILIT SERVICE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,99
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,99
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,99
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,99

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRA130
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION A. (1). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) UNDUPLICATED TOTAL	(04) INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION A. (2). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PA
RUN DATE: MM/DD/CCYY SECTION A. (3). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAG
RUN DATE: MM/DD/CCYY SECTION A. (4). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION A. (1). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	UNDUPLICATED TOTAL	INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRM170
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY
HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION A. (2). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,99
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,99
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,99
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,99
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,99

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION A. (3). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - A(1-4) (MR-O-042)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION A. (4). RECIPIENTS OF MEDICAL CARE BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	

Output Reports MR-O-043 HCFA-2082 - Section - B(1-4)

General Information

Section B (1-4) provides HCFA 2082 reporting information on the amounts of payments made to medical vendors on behalf of Medicaid recipients during the Federal fiscal year. The amounts are distributed by Federal Reporting Basis of Eligibility within Federal Reporting Maintenance Assistance Status and by Federal Reporting Type of Service. The report covers payments to medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. *** A special version of this report (SECTION-D), is also generated. This report is also generated by Locality and Program-Code as requested by DMAS ***. The following types of payments are included: - Payments of Title XIX claims from medical vendors, made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts, made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service. The following are not considered payments to medical vendors: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produces State 2082 Section A MR-O-042 Report & Section B MR-O-043 Report (MRA130)
Confidential:	No
Sequence:	Basis of Eligibility Maintenance Assistance Status Type of Service Locality and Program-Code (VA version)
Control Breaks:	N/A

HCFA-2082 - Section - B(1-4) (MR-O-043)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL	(04) INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

HCFA-2082 - Section - B(1-4) (MR-O-043)

MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAG
RUN DATE: MM/DD/CCYY SECTION B. (2). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (3). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRA130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (4). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

*** END OF REPORT ***

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MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION B. (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

HCFA-2082 - Section - B(1-4) (MR-O-043)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES M
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY SECTION B. (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE, AND BY
HH:MM MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE 3308	

Output Reports MR-O-044 HCFA-2082 - Section - C

General Information

Section C provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal fiscal year. Numbers of recipients are distributed by Federal Basis of Eligibility within Federal Reporting Maintenance Assistance Status and by number of eligible recipients. This report covers the numbers of recipients on whose behalf payments were made to medical vendors from funds specifically appropriated, allocated or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors, made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service The following are not considered payments to medical providers: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made of medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money Payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produces State 2082 - Section C - MR-O-044 Report (MRA135)
Confidential:	No
Sequence:	Basis of Eligibility Maintenance Assistance Status Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - C (MR-O-044)

MRA135 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE
RUN DATE: MM/DD/CCYY SECTION C. NUMBER OF MEDICAID ELIGIBLES BY LENGTH OF ELIGIBILITY, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY OF RECIPIENT
STATE FISCAL YEAR - CCYY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) UNDUPLICATED TOTAL	(04) NUMBER ELIGIBLE FOR FULL YEAR	(05) NUMBER ELIGIBLE FOR PARTIAL YEAR	NUMBER (MON PARTI EL
1. NUMBER OF ELIGIBLES	999,999,999	999,999,999	999,999,999	999,
A. AGED	999,999,999	999,999,999	999,999,999	999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,
A. AGED	999,999,999	999,999,999	999,999,999	999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,
A. AGED	999,999,999	999,999,999	999,999,999	999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,
A. AGED	999,999,999	999,999,999	999,999,999	999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,
A. AGED	999,999,999	999,999,999	999,999,999	999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,

END OF REPORT

HCFA-2082 - Section - C (MR-O-044)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION C. NUMBER OF MEDICAID ELIGIBLES BY LENGTH OF ELIGIBILITY, AND BY MAINTENANCE
HH:MM ASSISTANCE STATUS AND BASIS OF ELIGIBILITY OF RECIPIENT

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	UNDUPLICATED TOTAL	NUMBER ELIGIBLE FOR FULL YEAR	NUMBER ELIGIBLE FOR PARTIAL YEAR	NUMB P
1. NUMBER OF ELIGIBLES	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	9
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	9
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	9
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	9
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	9
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	9
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	9

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	

Output Reports MR-O-045 HCFA-2082 - Section - D1

General Information

Section D(1) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal fiscal year. Numbers of recipients are distributed by age, sex, and race/ethnicity of the eligible recipient. This report covers the numbers of recipients on whose behalf payments were made to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors, made directly by the Fiscal Agent. - Payments of Title XVIII deductible coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service. The following are not considered payments to medical providers: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produces State 2082 - Section D1 - MR-O-045 Report (MRA140)
Confidential:	No
Sequence:	Race/Ethnicity Sex Age
Control Breaks:	N/A

HCFA-2082 - Section - D1 (MR-O-045)

MRA140 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION D1 (1). ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

(01) (02) RACE/ETHNICITY BY SEX	(03) TOTAL	(04) UNDER 1	1 - 5	6 - 14	15 - 20	
1. UNDUPLICATED TOTAL NUMBER OF ELIGIBLES (05)	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9

HCFA-2082 - Section - D1 (MR-O-045)

MRA140
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D1 (2). ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - CCYY

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF ELIGIBLES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

*** End of Report ***

HCFA-2082 - Section - D1 (MR-O-045)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D (1). ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. UNDUPLICATED TOTAL NUMBER OF ELIGIBLES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D1 (MR-O-045)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D (1). ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF ELIGIBLES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RACE/ETHNICITY	Enrollee Race Code	DE3006	The unduplicated total number of eligible recipients within each designated race category and the total distributed by age grouping.
2	SEX	Enrollee Sex Code	DE3007	The unduplicated number of eligible male, female, and sex unknown recipients, distributed by race and by age grouping.

Output Reports MR-O-046 HCFA-2082 - Section - D2

General Information

Section D(2) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal fiscal year. Numbers of recipients are distributed by age, sex and race/ethnicity of the recipient. This report covers the numbers of recipients on whose behalf payments were made to Medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: Payments of Title XIX claims from medical vendors, made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service. The following are not considered medical vendor payments: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally match-able. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce STATE-2082 - Section - D2 MR-O-046 and MR-O-047 Statistical Reports on Medical Care; Eligibles, Recipients, Payments, and Services by Age, Race/Ethnicity and Sex (MRA145)
Confidential:	No
Sequence:	Race/Ethnicity Sex Age
Control Breaks:	N/A

HCFA-2082 - Section - D2 (MR-O-046)

MRA145 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PA
RUN DATE: MM/DD/CCYY HH:MM SECTION D (2). EXPENDITURES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
XXXXXX FISCAL YEAR - XXXX

(01) (02) RACE/ETHNICITY BY SEX	(03) TOTAL	(04) UNDER 1	1 - 5	6 - 14	15 - 20
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D2 (MR-O-046)

MRA145 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION D (2). EXPENDITURES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
XXXXXX FISCAL YEAR - XXXX

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

HCFA-2082 - Section - D2 (MR-O-046)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D (2). RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D2 (MR-O-046)

MPM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVIC
SECTION D (2). RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNO
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
2. WHITE, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
3. BLACK, NOT HISPANIC ORIGIN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
4. AMERICAN INDIAN OR ALASKAN NATIVE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
5. ASIAN OR PACIFIC ISLANDER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
6. HISPANIC	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
7.UNKNOWN RACE/ETHNICITY	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. MALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. FEMALE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. UNKNOWN	999,999,999	999,999,999	999,999,999	999,999,999	999,999,

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RACE/ETHNICITY	Enrollee Race Code	DE3006	The unduplicated total number of eligible recipients within each designated race category and the total distributed by age grouping.
2	SEX	Enrollee Sex Code	DE3007	The unduplicated number of eligible male, female, and sex unknown recipients, distributed by race and by age grouping.

Output Reports MR-O-047 HCFA-2082 - Section - D3

General Information

Section D(3) provides HCFA-2082 reporting information on the amounts of payments made to medical vendors on behalf of Medicaid recipients during the Federal fiscal year. The amounts are distributed by age, race and sex. The report covers payments to medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered medical vendor payments: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce STATE-2082 - Section - D2 MR-O-046 and MR-O-047 Statistical Reports on Medical Care; Eligibles, Recipients, Payments, and Services by Age, Race/Ethnicity and Sex (MRA145)
Confidential:	No
Sequence:	Race/Ethnicity Sex Age
Control Breaks:	N/A

HCFA-2082 - Section - D3 (MR-O-047)

MRA145 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION D (4). EXPENDITURES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

XXXXXXX FISCAL YEAR - XXXX

(01) **(02)** RACE/ETHNICITY BY SEX	**(03)** TOTAL	**(04)** UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES **(05)**	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
2. WHITE, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
3. BLACK, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
4. AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
5. ASIAN OR PACIFIC ISLANDER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
6. HISPANIC	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
7.UNKNOWN RACE/ETHNICITY	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,9

HCFA-2082 - Section - D3 (MR-O-047)

MRA145 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION D (4) EXPENDITURES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

XXXXXXX FISCAL YEAR - XXXX

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES **(05)**	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
2. WHITE, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
3. BLACK, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
4. AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
5. ASIAN OR PACIFIC ISLANDER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
6. HISPANIC	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
7.UNKNOWN RACE/ETHNICITY	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99

HCFA-2082 - Section - D3 (MR-O-047)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D (3). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 2
1. TOTAL AMOUNT OF EXPENDITURES **(05)**	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
2. WHITE, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
3. BLACK, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
4. AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
5. ASIAN OR PACIFIC ISLANDER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
6. HISPANIC	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
7.UNKNOWN RACE/ETHNICITY	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,

HCFA-2082 - Section - D3 (MR-O-047)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D (3). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, RACE/ETHNICITY AND SEX

RACE/ETHNICITY BY SEX	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNO
1. TOTAL AMOUNT OF EXPENDITURES **(05)**	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
2. WHITE, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
3. BLACK, NOT HISPANIC ORIGIN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
4. AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
5. ASIAN OR PACIFIC ISLANDER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
6. HISPANIC	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
7.UNKNOWN RACE/ETHNICITY	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
A. MALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
B. FEMALE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
C. UNKNOWN	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RACE/ETHNICITY	Enrollee Race Code	DE3006	The unduplicated total number of eligible recipients within each designated race category and the total distributed by age grouping.
2	SEX	Enrollee Sex Code	DE3007	The unduplicated number of eligible male, female, and sex unknown recipients, distributed by race and by age grouping.

Output Reports MR-O-048 HCFA-2082 - Section - D4

General Information

Section D(4) provides HCFA 2082 reporting information on the number of individual eligible recipients who had payments made to medical vendors on their behalf during the Federal fiscal year. Numbers of recipients are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by age. This report covers the numbers of recipients on whose behalf payments were made to Medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type of Service The following are not considered medical vendor payments: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section D MR-O-048-01 Report on Medical Care, Eligibles, Recipients, Payments, and Services (MRA150)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Age
Control Breaks:	N/A

HCFA-2082 - Section - D4 (MR-O-048)

MRA150 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAG
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (4) ELIGIBLES FOR MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

(01) (02) MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL	(04) UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D4 (MR-O-048)

MRA150 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (4) ELIGIBLES FOR MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,99
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,99

END OF REPORT

HCFA-2082 - Section - D4 (MR-O-048)

SAMPLE

HCFA-2082 SECTION D (4) (MR-O-048)

MRM170
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY
HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D. (4) ELIGIBLES FOR MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999

HCFA-2082 - Section - D4 (MR-O-048)

SAMPLE

HCFA-2082 SECTION D (4) (MR-O-048)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-0
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE N
RUN DATE: MM/DD/CCYY SECTION D. (4) ELIGIBLES FOR MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

HCFA-2082 - Section - D4 (MR-O-048)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PA
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

MAINTENANCE ASSISTANCE STATUS
XXXXX FISCAL YEAR - XXXX

(01) (02) MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL	(04) UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D4 (MR-O-048)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,

END OF REPORT

HCFA-2082 - Section - D4 (MR-O-048)

SAMPLE

HCFA-2082 SECTION D (5) (MR-O-048)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PA
RUN DATE: MM/DD/CCYY SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20	
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	9

HCFA-2082 - Section - D4 (MR-O-048)

SAMPLE

HCFA-2082 SECTION D (5)(MR-O-048)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE
RUN DATE: MM/DD/CCYY SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

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MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

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MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKI
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999

END OF REPORT

HCFA-2082 - Section - D4 (MR-O-048)

SAMPLE

HCFA-2082 SECTION D (6)(MR-O-048)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D. (6) AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

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SAMPLE

HCFA-2082 SECTION D (6) (MR-O-048)

MRXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE
RUN DATE: MM/DD/CCYY SECTION D. (6) AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	

Output Reports MR-O-048D5 HCFA-2082 - Section - D5

General Information

Section D(5) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical providers on their behalf during the Federal fiscal year. Numbers of recipients are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by age. This report covers the numbers of recipients on whose behalf payments were made to Medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered medical vendor payments. - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section D MR-O-048-02 and MR-O-048-03 reports for Recipients of Medical Care by Age, Race/Ethnicity, and Sex (MRA155)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Age
Control Breaks:	N/A

HCFA-2082 - Section - D5 (MR-O-048D5)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX

MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

(01) (02) MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL	(04) UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D5 (MR-O-048D5)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,

END OF REPORT

HCFA-2082 - Section - D5 (MR-O-048D5)

SAMPLE

HCFA-2082 SECTION D (5) (MR-O-048)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D5 (MR-O-048D5)

SAMPLE

HCFA-2082 SECTION D (5) (MR-O-048)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-048
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE NUM
RUN DATE: MM/DD/CCYY SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, BASIS OF ELIGIBILITY AND
HH:MM MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	

Output Reports MR-O-048D6 HCFA-2082 - Section - D6

General Information

Section D(6) provides HCFA 2082 reporting information on the amounts of payments made to medical vendors on behalf of Medicaid recipients during the Federal fiscal year. The amounts are distributed by age and basis of eligibility within maintenance assistance status. The report covers medical vendor payments from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health plans are classified by Federal Type Service. The following are not considered payments to medical vendors: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section D MR-O-048-02 and MR-O-048-03 reports for Recipients of Medical Care by Age, Race/Ethnicity, and Sex (MRA155)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Age
Control Breaks:	N/A

HCFA-2082 - Section - D6 (MR-O-048D6)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D6 (MR-O-048D6)

MRA155 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION D. (5) RECIPIENTS OF MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX
MAINTENANCE ASSISTANCE STATUS
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNK
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999

END OF REPORT

HCFA-2082 - Section - D6 (MR-O-048D6)

SAMPLE

HCFA-2082 SECTION D (6) (MR-O-048)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D. (6) AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - D6 (MR-O-048D6)

SAMPLE

HCFA-2082 SECTION D (6) (MR-O-048)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION D. (6) AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS

MR-
PAG

MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	45 - 64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. TOTAL AMOUNT OF EXPENDITURES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,99

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
3	TOTAL EXPENDITURES BY MAS, BOE	Calculated	DE0002	The total amount of Medical Vendor Payments by Maintenance Assistance Status and Basis of Eligibility (Derived from DE 6632).

Output Reports MR-O-049 HCFA-2082 - Section - E

General Information

Section E provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal fiscal year. Numbers of recipients are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by information regarding inpatient general hospital care. This report covers the numbers of recipients on whose behalf payments were made to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors. - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: 1. The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed. 2. Recipient counts, discharges, and days of care from Title XVIII cross-over claims are excluded from this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section E MR-O-049 Report of Discharges and Days of Care for Inpatient General Hospital by Maintenance Assistance and Basis of Eligibility. (MRA160)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility
Control Breaks:	N/A

HCFA-2082 - Section - E (MR-O-049)

MRA160 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES P
RUN DATE: MM/DD/CCYY HH:MM SECTION E. DISCHARGES AND DAYS OF CARE FOR INPATIENT GENERAL HOSPITAL BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
XXXXX FISCAL YEAR - XXXX

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL NUMBER OF RECIPIENTS DISCHARGED	(04) TOTAL NUMBER OF DISCHARGES	(05) TOTAL DAYS OF CARE	(06 AVERAGE DA OF CARE
1. TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,9
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,9
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,9
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
5. OTHER, BY MAINT. ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,9

END OF REPORT

HCFA-2082 - Section - E (MR-O-049)

MRA160 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION E. DISCHARGES AND DAYS OF CARE FOR INPATIENT GENERAL HOSPITAL BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
XXXXXX FISCAL YEAR - XXXX

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	TOTAL NUMBER OF RECIPIENTS DISCHARGED	TOTAL NUMBER OF DISCHARGES	TOTAL DAYS OF CARE	AVERAGE DA OF CARE
1. TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,9
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,9
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,9
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,9
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
5. OTHER, BY MAINT. ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,9
A. AGED	999,999,999	999,999,999	999,999,999	999,999,9
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,9
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,9
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,9
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,9

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
4	TOTAL NUMBER OF DISCHARGES	MARS Number of Inpatient Hospital General Number of Discharges	DE6614	The total number of discharges from general hospitals. A hospital discharge is the termination of a continuous period of stay which began with admission to a hospital as an inpatient.

5	TOTAL DAYS OF CARE	MARS Reimbursed Days of Care	DE6613	The total days of care for discharged recipients in general hospitals for which the agency made payment.
6	AVERAGE DAYS OF CARE	Calculated	DE0002	The average days of recipient care by aid categories. Calculated by dividing total days of care by total number of discharges. (6612 ? 6614).

Output Reports MR-O-050 HCFA-2082 - Section - F

General Information

Section F provides HCFA 2082 reporting information on the number of individual recipients who had payments made to institutional care facilities on their behalf during the Federal fiscal year. Data are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by institutional facility type. The report covers recipients for whom payments were made to medical vendors (institutional facilities) from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors. - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: 1. The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed. 2. Recipient counts, discharges, and days of care from Title XVIII cross-over claims are excluded from this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-F MR-O-050 Reports Recipients and Days of Institutional care by MAS and BOE (MRA165)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - F (MR-O-050)

MRM165 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION F. (1) RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) -INPATIENT MENTAL HEALTH FACILITY SERVICES-- TOTAL NUMBER OF RECIPIENTS	(04) TOTAL DAYS OF CARE	(05) AVERAGE DAYS OF CARE	-------- NURSING FACILITY TOTAL NUMBER OF RECIPIENTS	TOTAL DAYS OF CARE
1. TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINT. ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - F (MR-O-050)

MRM165 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION F (1). RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY (CONTINUED)

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	ICF/MR TOTAL NUMBER OF RECIPIENTS	ICF/MR TOTAL DAYS OF CARE	ICF/MR AVERAGE DAYS OF CARE
1. TOTAL	999,999,999	999,999,999-	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931 - TOTAL	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINT. ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
4	TOTAL DAYS OF CARE	MARS Total Days of Care by Facility Type	DE6612	The total days of care for recipients of institutional health facility services for which the agency made full or partial payment, distributed by type of facility.

5	AVERAGE DAYS OF CARE	Calculated	DE0002	The average days of recipient care by type of facility. Calculated by dividing total days of care by total number of recipients. (6612 / 6634)

Output Reports MR-O-051 HCFA-2082 - Section - G (1-3)

General Information

Section G (1-3) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to institutional care facilities on their behalf during the Federal fiscal year. Numbers of recipients are distributed by Federal type of service and by age, sex, and race. The report covers recipients for whom payments were made to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors. - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-G MR-O-051 and Section-H MR-O-052 Reports (MRA170)
Confidential:	No
Sequence:	Type of Service Age Sex Race/Ethnicity
Control Breaks:	N/A

HCFA-2082 - Section - G (1-3) (MR-O-051)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION G (3). RECIPIENTS OF MEDICAL CARE BY AGE, AND BY TYPE OF MEDICAL SERVICE

(01) TYPE OF MEDICAL CARE OR SERVICE	(02) TOTAL	(03) AGE IN YEARS UNDER 1	1 - 5	6 - 14	15 -
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
9. PRESCRIBED DRUGS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
10. DENTAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
12. CLINIC SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
15. HOME HEALTH SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
18. OTHER CARE SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
19. PREPAID HEALTHCARE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
20. PCCM SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,

HCFA-2082 - Section - G (1-3) (MR-O-051)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION G (3). RECIPIENTS OF MEDICAL CARE BY AGE, AND BY TYPE OF MEDICAL SERVIVE (

TYPE OF MEDICAL CARE OR SERVICE	AGE IN YEARS 45 -64	65 - 74	75 - 84	85 AND OVER	UNKNO
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
9. PRESCRIBED DRUGS	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
10. DENTAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
12. CLINIC SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
15. HOME HEALTH SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
18. OTHER CARE SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
19. PREPAID HEALTHCARE	999,999,999	999,999,999	999,999,999	999,999,999	999,999,
20. PCCM SERVICES	999,999,999	999,999,999	999,999,999	999,999,999	999,999,

END OF REPORT

HCFA-2082 - Section - G (1-3) (MR-O-051)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION G (2). RECIPIENTS OF MEDICAL CARE BY SEX, AND TYPE OF MEDICAL SERVICE

(01) TYPE OF MEDICAL CARE OR SERVICE	(04) SEX Total	MALE	FEMALE	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	999,999,999	999,999,999

END OF REPORT

HCFA-2082 - Section - G (1-3) (MR-O-051)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Repo
As OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION G (3). RECIPIENTS OF MEDICAL CARE BY RACE/ETHNICITY, AND BY TYPE OF MEDICAL S

(01)	(05) RACE/ETHNICITY			
TYPE OF MEDICAL CARE OR SERVICE	TOTAL	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	AMERICAN INDIAN OR ALASKAN NATIVE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

HCFA-2082 - Section - G (1-3) (MR-O-051)

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MRM170                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              REPORT
AS OF: MM/DD/CCYY         STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION G (3). RECIPIENTS OF MEDICAL CARE BY RACE/ETHNICITY, AND BY TYPE OF MEDICAL
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TYPE OF MEDICAL CARE OR SERVICE	RACE/ETHNICITY: ASIAN OR PACIFIC ISLANDER	HISPANIC	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TYPE OF MEDICAL CARE OR SERVICE	MARS Type of Service for Federal Reporting	DE6108	
2	TOTAL RECIPIENTS BY TYPE OF SERVICE	Calculated	DE0002	The total number of recipients broken down by type of service (accumulated from DE 6635).

Output Reports MR-O-052 HCFA-2082 - Section - H (1-3)

General Information

Section H (1-3) provides HCFA 2082 reporting information on the amounts of payments made to medical vendors on behalf of Medicaid recipients during the Federal fiscal year. The amounts are distributed by Federal type of service and by age, sex, and race. The report covers recipients for whom payments were made to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-G MR-O-051 and Section-H MR-O-052 Reports (MRA170)
Confidential:	No
Sequence:	Type of Service Age Sex Race/Ethnicity
Control Breaks:	N/A

HCFA-2082 - Section - H (1-3) (MR-O-052)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION H (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, AND BY TYPE OF MEDICAL SE

(01)	(02)	(03)			
		AGE IN YEARS			
TYPE OF MEDICAL CARE OR SERVICE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
2. INPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
3. MENTAL HOSPITAL FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
4. NURSING FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
6. PHYSICIAN'S SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
7. OUTPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
8. EPSDT SCREENING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
9. PRESCRIBED DRUGS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
10. DENTAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
11. OTHER PRACTITIONERS SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
12. CLINIC SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
13. LAB AND X-RAY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
14. FAMILY PLANNING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
15. HOME HEALTH SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
16. PERSONAL CARE SUPPORT SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
17. HOME AND COMMUNITY BASED WAIVER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
18. OTHER CARE SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
19. PREPAID HEALTHCARE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
20. PCCM SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99

HCFA-2082 - Section - H (1-3) (MR-O-052)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION H (1). AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, AND BY TYPE OF MEDICAL SE

TYPE OF MEDICAL CARE OR SERVICE	AGE IN YEARS 45 -64	65 - 74	75 - 84	85 AND OVER	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
2. INPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
3. MENTAL HOSPITAL FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
4. NURSING FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
6. PHYSICIAN'S SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
7. OUTPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
8. EPSDT SCREENING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
9. PRESCRIBED DRUGS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
10. DENTAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
11. OTHER PRACTITIONERS SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
12. CLINIC SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
13. LAB AND X-RAY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
14. FAMILY PLANNING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
15. HOME HEALTH SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
16. PERSONAL CARE SUPPORT SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
17. HOME AND COMMUNITY BASED WAIVER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
18. OTHER CARE SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
19. PREPAID HEALTHCARE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99
20. PCCM SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,99

END OF REPORT

HCFA-2082 - Section - H (1-3) (MR-O-052)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION H (2). AMOUNTS OF MEDICAL VEDOR PAYMENTS BY SEX, AND TYPE OF MEDICAL SERVIC

(01) TYPE OF MEDICAL CARE OR SERVICE	(04) SEX TOTAL	MALE	FEMALE	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
2. INPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
3. MENTAL HOSPITAL FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
4. NURSING FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
6. PHYSICIAN'S SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
7. OUTPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
8. EPSDT SCREENING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
9. PRESCRIBED DRUGS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
10. DENTAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
11. OTHER PRACTITIONERS SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
12. CLINIC SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
13. LAB AND X-RAY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
14. FAMILY PLANNING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
15. HOME HEALTH SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
16. PERSONAL CARE SUPPORT SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
17. HOME AND COMMUNITY BASED WAIVER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
18. OTHER CARE SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
19. PREPAID HEALTHCARE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,
20. PCCM SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,

END OF REPORT

HCFA-2082 - Section - H (1-3) (MR-O-052)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION H (3). AMOUNTS OF MEDICAL VEDOR PAYMENTS BY RACE/ETHNICITY, AND BY TYPE OF

(01)				(05)
	RACE/ETHNICITY			
TYPE OF MEDICAL CARE OR SERVICE	TOTAL	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	AMERICAN INDIAN OR ALASKAN NATIVE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. INPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. NURSING FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
6. PHYSICIAN'S SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
7. OUTPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
8. EPSDT SCREENING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
9. PRESCRIBED DRUGS	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
10. DENTAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
11. OTHER PRACTITIONERS SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
12. CLINIC SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
13. LAB AND X-RAY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
14. FAMILY PLANNING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
15. HOME HEALTH SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
16. PERSONAL CARE SUPPORT SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
17. HOME AND COMMUNITY BASED WAIVER	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
18. OTHER CARE SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
19. PREPAID HEALTHCARE	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
20. PCCM SERVICES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

END OF REPORT

HCFA-2082 - Section - H (1-3) (MR-O-052)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION H (3). AMOUNTS OF MEDICAL VEDOR PAYMENTS BY RACE/ETHNICITY, AND BY TYPE OF

(01)	(05) RACE/ETHNICITY		
TYPE OF MEDICAL CARE OR SERVICE	ASIAN OR PACIFIC ISLANDER	HISPANIC	UNKNOWN
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	9,999,999,999	9,999,999,999	9,999,999,999
2. INPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
4. NURSING FACILITY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
6. PHYSICIAN'S SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
7. OUTPATIENT HOSPITAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
8. EPSDT SCREENING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
9. PRESCRIBED DRUGS	9,999,999,999	9,999,999,999	9,999,999,999
10. DENTAL SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
11. OTHER PRACTITIONERS SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
12. CLINIC SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
13. LAB AND X-RAY SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
14. FAMILY PLANNING SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
15. HOME HEALTH SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
16. PERSONAL CARE SUPPORT SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
17. HOME AND COMMUNITY BASED WAIVER	9,999,999,999	9,999,999,999	9,999,999,999
18. OTHER CARE SERVICES	9,999,999,999	9,999,999,999	9,999,999,999
19. PREPAID HEALTHCARE	9,999,999,999	9,999,999,999	9,999,999,999
20. PCCM SERVICES	9,999,999,999	9,999,999,999	9,999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TYPE OF MEDICAL CARE OR SERVICE	MARS Type of Service for Federal Reporting	DE6108	
2	TOTAL AMOUNT OF EXPENDITURES	Calculated	DE0002	The total amounts of payments to medical vendors for each type of service (Derived from DE 6636).
4	SEX	Enrollee Sex Code	DE3007	The total amount of payments made to medical vendors on behalf of male, female, and unknown sex recipients for each type of service.

Output Reports MR-O-053 HCFA-2082 - Section - I (1-4)

General Information

Section I (1-4) provides HCFA 2082 reporting information on the number of individual recipients who had payments made to medical vendors on their behalf during the Federal Fiscal Year. Number of recipients are distributed by Federal Basis of Eligibility within Federal Maintenance Assistance Status and by Federal Type of Service received. The report covers recipients of payments to medical vendors from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section - I MR-O-053 and Section - J MR-O-054 Reports (MRA175)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - I (1-4) (MR-O-053)

MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION I. (1). RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF MEDICAL SER
AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) UNDUPLICATED TOTAL	(04) INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - I (1-4) (MR-O-053)

MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION I. (2). RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF MEDICAL SERVI
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

HCFA-2082 - Section - I (1-4) (MR-O-053)

MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION I. (3). RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF MEDICAL SERVIC
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

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MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION I. (4). RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF MEDICAL SERVICE
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
G. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	999,999,999	999,999,999	999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	999,999,999	999,999,999	999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	999,999,999	999,999,999	999,999,999
A. AGED	999,999,999	999,999,999	999,999,999	999,999,999
B. BLIND/DISABLED	999,999,999	999,999,999	999,999,999	999,999,999
C. CHILD	999,999,999	999,999,999	999,999,999	999,999,999
D. ADULT	999,999,999	999,999,999	999,999,999	999,999,999
E. FOSTER CARE CHILD	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
3	UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	Calculated	DE0002	The unduplicated total of recipients. A recipient may have received more than one type of service, possibly under multiple maintenance assistance statuses and bases of eligibility, but is reported only once in the unduplicated total (Derived from DE 6625).

Output Reports MR-O-054 HCFA-2082 - Section - J (1-4)

General Information

Section J (1-4) provides HCFA 2082 reporting information on the amounts of payments made to medical vendors on behalf of Medicaid recipients during the Federal fiscal year. The amounts are distributed by Federal Reporting Basis of Eligibility within Federal Reporting Maintenance Assistance Status and by Federal Reporting Type of service. The report covers payments to medical vendors from funds specifically appropriated, allotted or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical vendors made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors: Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section - I MR-O-053 and Section - J MR-O-054 Reports (MRA175)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - J (1-4) (MR-O-054)

MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION J. (1). AMOUNTS OF VENDOR PAYMENTS FORRECIPIENTS OF INSTITUTIONAL MEDICAL CA
TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIB

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) TOTAL	(04) INPATIENT HOSPITAL SERVICES	MENTAL HEALTH FACILITY SERVICES	NURSING FACILITY SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION J. (2). AMOUNTS OF VENDOR PAYMENTS FORRECIPIENTS OF INSTITUTIONAL MEDICAL
TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGI

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PHYSICIAN SERVICES	OUTPATIENT HOSPITAL SERVICES	EPSDT SCREENING SERVICES	PRESCRIBED DRUGS
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

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MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION J. (3). AMOUNTS OF VENDOR PAYMENTS FORRECIPIENTS OF INSTITUTIONAL MEDIC
TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELI

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	OTHER PRACTIONERS SERVICES	CLINIC SERVICES	LAB AND X-RAY SERVICES	FAMILY PLANNING SERVICES
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

HCFA-2082 - Section - J (1-4) (MR-O-054)

MRM175 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION J. (4). AMOUNTS OF VENDOR PAYMENTS FORRECIPIENTS OF INSTITUTIONAL MEDICAL
TYPE OF MEDICAL SERVICE, AND BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIB

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	PERSONAL CARE SUPPORT SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES	OTHER CARE	PREPAID HEALTH CARE
1. TOTAL AMOUNT OF EXPENDITURES	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
G. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
A. AGED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
B. BLIND/DISABLED	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
C. CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
D. ADULT	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999
E. FOSTER CARE CHILD	9,999,999,999	9,999,999,999	9,999,999,999	9,999,999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
3	TOTAL AMOUNT OF EXPENDITURES	Calculated	DE0002	The total amount of expenditures broken down by Maintenance Assistance Status and Basis of Eligibility. Based on DE 6603.
4	TOTAL NUMBER	MARS Reimbursement	DE6603	

	OF RECIPIENTS BY TYPE OF SERVICE BY CATEGORY OF SERVICE	Amount by Type of Service		

Output Reports MR-O-055 HCFA-2082 - Section - K (1-3)

General Information

Section K (1-3) provides HCFA 2082 reporting information on the number of recipients and the payments made to health insurance plans on behalf of these recipients during the Federal fiscal year. The number of recipients and the amounts of payments are distributed by Federal Reporting Basis of Eligibility within Federal Maintenance Assistance Status. The report covers recipients for whom payments were made to health insurance plans from funds specifically appropriated, allotted, or charged to the Title XIX program.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-K MR-O-055 Report CPITATED PAYMENTS AND ELIGIBLES BY MAS AND BOE (MRA180)
Confidential:	No
Sequence:	Maintenance Assistance Status Basis of Eligibility Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - K (1-3) (MR-O-055)

MPM180 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY HH:MM SECTION K. (1). CAPITATED PAYMENTS AND ELIGIBLES BY
MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY

(01) (02) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(03) ---- HMO/HIO PLANS ----- TOTAL ELIGIBLES	(04) TOTAL PAYMENTS	-- PREPAID HEALTH PLANS -- TOTAL ELIGIBLES	TOTAL PAYMENTS
1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	999,999,999	9,999,999,999	999,999,999	9,999,999,999
A. AGED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
B. BLIND/DISABLED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
C. CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
D. ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
G. FOSTER CARE CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE UNDER PAR. 1931	999,999,999	9,999,999,999	999,999,999	9,999,999,999
A. AGED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
B. BLIND/DISABLED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
C. CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
D. ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
E. UNEMPLOYED PARENT - CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
F. UNEMPLOYED PARENT - ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
3. MEDICALLY NEEDY, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	9,999,999,999	999,999,999	9,999,999,999
A. AGED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
B. BLIND/DISABLED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
C. CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
D. ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
4. POVERTY RELATED, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	9,999,999,999	999,999,999	9,999,999,999
A. AGED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
B. BLIND/DISABLED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
C. CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
D. ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL	999,999,999	9,999,999,999	999,999,999	9,999,999,999
A. AGED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
B. BLIND/DISABLED	999,999,999	9,999,999,999	999,999,999	9,999,999,999
C. CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999
D. ADULT	999,999,999	9,999,999,999	999,999,999	9,999,999,999
E. FOSTER CARE CHILD	999,999,999	9,999,999,999	999,999,999	9,999,999,999

HCFA-2082 - Section - K (1-3) (MR-O-055)

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MRM180                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NU
AS OF: MM/DD/CCYY        STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES        PA
RUN DATE: MM/DD/CCYY HH:MM                      SECTION K. (2). CAPITATED PAYMENTS AND ELIGIBLES BY
                                   MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY (CONTINUED)

MAINTENANCE ASSISTANCE STATUS                      ------ PCCM PLANS ------          TOTAL
OF RECIPIENT AND BASIS OF                            TOTAL          TOTAL         UNDUPLICATED
ELIGIBILITY FOR MEDICAL CARE                       ELIGIBLES       PAYMENTS       ENROLLED ELIGIBLES

1. UNDUPLICATED TOTAL NUMBER OF RECIPIENTS       999,999,999  9,999,999,999        999,999,999
   A. AGED                                       999,999,999  9,999,999,999        999,999,999
   B. BLIND/DISABLED                             999,999,999  9,999,999,999        999,999,999
   C. CHILD                                      999,999,999  9,999,999,999        999,999,999
   D. ADULT                                      999,999,999  9,999,999,999        999,999,999
   E. UNEMPLOYED PARENT - CHILD                  999,999,999  9,999,999,999        999,999,999
   F. UNEMPLOYED PARENT - ADULT                  999,999,999  9,999,999,999        999,999,999
   G. FOSTER CARE CHILD                          999,999,999  9,999,999,999        999,999,999

2. RECEIVING CASH ASSISTANCE, OR ELIGIBLE
   UNDER PAR. 1931                               999,999,999  9,999,999,999        999,999,999
   A. AGED                                       999,999,999  9,999,999,999        999,999,999
   B. BLIND/DISABLED                             999,999,999  9,999,999,999        999,999,999
   C. CHILD                                      999,999,999  9,999,999,999        999,999,999
   D. ADULT                                      999,999,999  9,999,999,999        999,999,999
   E. UNEMPLOYED PARENT - CHILD                  999,999,999  9,999,999,999        999,999,999
   F. UNEMPLOYED PARENT - ADULT                  999,999,999  9,999,999,999        999,999,999

3. MEDICALLY NEEDY, BY
   MAINTENANCE ASSISTANCE - TOTAL                999,999,999  9,999,999,999        999,999,999
   A. AGED                                       999,999,999  9,999,999,999        999,999,999
   B. BLIND/DISABLED                             999,999,999  9,999,999,999        999,999,999
   C. CHILD                                      999,999,999  9,999,999,999        999,999,999
   D. ADULT                                      999,999,999  9,999,999,999        999,999,999

4. POVERTY RELATED, BY
   MAINTENANCE ASSISTANCE - TOTAL                999,999,999  9,999,999,999        999,999,999
   A. AGED                                       999,999,999  9,999,999,999        999,999,999
   B. BLIND/DISABLED                             999,999,999  9,999,999,999        999,999,999
   C. CHILD                                      999,999,999  9,999,999,999        999,999,999
   D. ADULT                                      999,999,999  9,999,999,999        999,999,999

5. OTHER, BY MAINTENANCE ASSISTANCE - TOTAL      999,999,999  9,999,999,999        999,999,999
   A. AGED                                       999,999,999  9,999,999,999        999,999,999
   B. BLIND/DISABLED                             999,999,999  9,999,999,999        999,999,999
   C. CHILD                                      999,999,999  9,999,999,999        999,999,999
   D. ADULT                                      999,999,999  9,999,999,999        999,999,999
   E. FOSTER CARE CHILD                          999,999,999  9,999,999,999        999,999,999


                                                                ***END OF REPORT***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL MAINTENANCE ASSISTANCE STATUS	Aid Category Money Payment Status Code	DE3306	
2	FEDERAL BASIS OF ELIGIBILITY	Aid Category Basis of Eligibility (Adult)	DE3308	
4	TOTAL PAYMENTS	MARS Total HMO Claims Capitation Payment Amounts	DE6074	MARS Total Capitation Payments by Maintenance Assistance Status and Basis of Eligibility.

Output Reports MR-O-056-01 HCFA-2082 - Section - L (1)

General Information

Section L (1) provides HCFA 2082 reporting information on both the number of recipients for whom Medicaid paid the Medicare deductibles and coinsurance and on the amounts of payments. The numbers of recipients and the amounts of payments are distributed by the Federal Types of Service and by Basis of Eligibility. The report covers recipients for whom payments were made from funds specifically appropriated, allotted, or charged to the Title XIX pro-gram. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors: Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-L MR-O-056 Reports Aged/Disabled/Combined Enrollee Xover Reports by Types of Service (MRA185)
Confidential:	Yes
Sequence:	Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - L (1) (MR-O-056-01)

MRA185 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION L. (1). RECIPIENTS AND PAYMENTS BY RELATIONSHIPS OF PAYMENTS TO TITLE XVIII
HH:MM DEDUCTIBLES AND COINSURANCE AND BY TYPE OF MEDICAL SERVICE

(01)	(02)	(03)	(04)	(05)
	AGED RECIPIENTS			
TYPE OF MEDICAL CARE OR SERVICE		DEDUCTIBLES		COINSU
	UNDUPLICATED TOTAL RECIPIENTS	RECIPIENTS	PAYMENTS	RECIPIENTS
1. TOTAL	999,999,999	999,999,999	9,999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	9,999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	9,999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	9,999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEDICAL CARE OR SERVICE	Calculated	DE0002	
2	UNDUPLICATED TOTAL RECIPIENTS	Calculated	DE0002	
3	DEDUCTIBLES-RECIPIENTS	Calculated	DE0002	
4	DEDUCTIBLES-PAYMENTS	Claim Title XVIII Deductible Amount	DE2251	
5	COINSURANCE RECIPIENTS	Calculated	DE0002	
6	COINSURANCE-PAYMENTS	Claim Title XVIII Coin-surance Amount	DE2252	

Output Reports MR-O-056-02 HCFA-2082 - Section - L (2)

General Information

Section L (2) provides HCFA 2082 reporting information on both the number of recipients for whom Medicaid paid the Medicare deductibles and coinsurance and on the amounts of payments. The numbers of recipients and the amounts of payments are distributed by the Federal Types of Service and by Basis of Eligibility. The report covers recipients for whom payments were made from funds specifically appropriated, allotted, or charged to the Title XIX pro-gram. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors: Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	On Demand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section-L MR-O-056 Reports Aged/Disabled/Combined Enrollee Xover Reports by Types of Service (MRA185)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HCFA-2082 - Section - L (2) (MR-O-056-02)

MRA185 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
RUN DATE: MM/DD/CCYY SECTION L. (2). RECIPIENTS AND PAYMENTS BY RELATIONSHIPS OF PAYMENTS TO TITLE XVIII
HH:MM DEDUCTIBLES AND COINSURANCE AND BY TYPE OF MEDICAL SERVICE

(1)	(2)	(3)	(4)	(5)
	DISABLED RECIPIENTS			
MEDICAL CARE OR SERVICE		DEDUCTIBLES		COINSU
	UNDUPLICATED TOTAL RECIPIENTS	RECIPIENTS	PAYMENTS	RECIPIENTS
1. TOTAL	999,999,999	999,999,999	9,999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	9,999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	9,999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	9,999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEDICAL CARE OR SERVICE	Calculated	DE0002	
2	Unduplicated Total Recipients	Calculated	DE0002	
3	Deductibles-Payments	Claim Title XVIII Deductible Amount	DE2251	
5	Coinsurance-Recipients	Calculated	DE0002	
6	COINSURANCE-PAYMENTS	Claim Title XVIII Coinsurance Amount	DE2252	

Output Reports MR-O-056-03 HCFA - 2082- Section - L (3)

General Information

Section L (3) provides HCFA 2082 reporting information on both the number of recipients for whom Medicaid paid the Medicare deductibles and coinsurance and on the amounts of payments. The numbers of recipients and the amounts of payments are distributed by the Federal Types of Service and by Basis of Eligibility. The report covers recipients for whom payments were made from funds specifically appropriated, allotted, or charged to the Title XIX pro-gram. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors: Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. - Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable. Note: The report is based on claims actually paid during the fiscal year regardless of any amount which may subsequently be disallowed.

Subsystem:	MARS
Frequency:	MONTHLY
Volume:	VARIABLE
Number of Copies:	1
Output Form:	ONDEMAND
Retention:	90 DAYS
Distribution:	DMAS MARS UNIT
Program:	Produce State 2082 Section-L MR-O-056 Reports Aged/Disabled/Combined Enrollee Xover Reports by Types of Service (MRA185)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HCFA -2082- Section - L (3) (MR-O-056-03)

MRA185
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY
HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES
SECTION L. (1). RECIPIENTS AND PAYMENTS BY RELATIONSHIPS OF PAYMENTS TO TITLE XVIII
DEDUCTIBLES AND COINSURANCE AND BY TYPE OF MEDICAL SERVICE

(1)	(2)	(3)	(4)	(5)
	COMBINED			
		DEDUCTIBLES		COINSU
TYPE OF MEDICAL CARE OR SERVICE	UNDUPLICATED TOTAL RECIPIENTS	RECIPIENTS	PAYMENTS	RECIPIENTS
1. TOTAL	999,999,999	999,999,999	9,999,999,999	999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
4. NURSING FACILITY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
5. INTERMEDIATE CARE FACILITY - MENTALLY RETARDED SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
9. PRESCRIBED DRUGS	999,999,999	999,999,999	9,999,999,999	999,999,999
10. DENTAL SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
12. CLINIC SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
15. HOME HEALTH SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	999,999,999	9,999,999,999	999,999,999
18. OTHER CARE SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999
19. PREPAID HEALTHCARE	999,999,999	999,999,999	9,999,999,999	999,999,999
20. PCCM SERVICES	999,999,999	999,999,999	9,999,999,999	999,999,999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEDICAL CARE OR SERVICE	MARS Type of Service for Federal Reporting	DE6108	
2	UNDUPLICATED TOTAL RECPIENTS	Calculated	DE0002	
3	DEDUCTIBLES-RECIPIENTS	Calculated	DE0002	
4	DEDUCTIBLES - PAYMENTS	Claim Title XVIII Deductible Amount	DE2251	
5	COINSURANCE-RECIPIENTS	Calculated	DE0002	
6	COINSURANCE PAYMENTS	Claim Title XVIII Coin-surance Amount	DE2252	

Output Reports MR-O-057 HCFA-2082 - Section - M

General Information

Section M provides HCFA 2082 reporting information on both the costs and the number of visits made by recipients to selected types of service. Information is also provided on the costs and the number of prescription drugs. This information is distributed by Federal Maintenance Status and by Federal Basis of Eligibility. The report covers recipients for whom payments to medical vendors were made from funds specifically appropriated, allotted, or charged to the Title XIX program. The following types of payments are included: - Payments of Title XIX claims from medical providers made directly by the Fiscal Agent. - Payments of Title XVIII deductible and coinsurance amounts made directly by the Fiscal Agent. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments including those made by health insuring plans are classified by Federal Type Service. The following are not considered payments to medical vendors: - Premium or per capita payments paid into the Social Security Administration's system of Supplementary Medical Insurance for the aged and disabled (under Title XVIII, Part B, of the Social Security Act) to HMOs or to health insurance plans. Payments made for medical care under the 'emergency assistance' provisions of Title IV, Part A. - Money payments to recipients to enable them to purchase medical care. - Payments made from State general assistance funds, not Federally matchable.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 - Section - M Report MRO057, Enrollees Payments by Types of Service (qualified) (MRA190)
Confidential:	No
Sequence:	Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - M (MR-O-057)

(01) SERVICE TYPE	(02) TOTAL RECIPIENTS	(03) TOTAL PAYMENTS
1. UNDUPLICATED TOTAL	999,999,999	99,999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	99,999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	99,999,999,999
A. FOR INDIVIDUALS UNDER 21	999,999,999	99,999,999,999
B. OTHER MENTAL HEALTH SERVICES	999,999,999	99,999,999,999
4. NURSING FACILITY SERVICES	999,999,999	99,999,999,999
5. INTERMEDIATE CARE FACILITY / MR	999,999,999	99,999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	99,999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	99,999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	99,999,999,999
9 PRESCRIBED DRUGS	999,999,999	99,999,999,999
10. DENTAL SERVICES	999,999,999	99,999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	99,999,999,999
12. CLINIC SERVICES	999,999,999	99,999,999,999
A. RURAL HEALTH CLINIC SERVICES	999,999,999	99,999,999,999
B. FQHC SERVICES	999,999,999	99,999,999,999
C. OTHER CLINIC SERVICES	999,999,999	99,999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	99,999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	99,999,999,999
A. STERILIZATIONS	999,999,999	99,999,999,999
B. OTHER FAMILY PLANNING SERVICES	999,999,999	99,999,999,999
15. HOME HEALTH SERVICES	999,999,999	99,999,999,999
16. PERSONAL SUPPORT SERVICES	999,999,999	99,999,999,999
A. PERSONAL CARE SERVICES	999,999,999	99,999,999,999
B. TARGETED CASE MANAGEMENT	999,999,999	99,999,999,999
C. HOME AND COMMUNITY BASED CARE	999,999,999	99,999,999,999
D. REHABILITATION SERVICES	999,999,999	99,999,999,999
E. PT, OT, SPEECH, HEARING, LANGUAGE	999,999,999	99,999,999,999
F. HOSPICE BENEFITS	999,999,999	99,999,999,999
G. NURSE MIDWIFE SERVICES	999,999,999	99,999,999,999
H. NURSE PRACTITIONER SERVICES	999,999,999	99,999,999,999
I. PRIVATE DUTY NURSING	999,999,999	99,999,999,999
J. CHRISTIAN SCIENCE PRACTITIONERS	999,999,999	99,999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	99,999,999,999
18. OTHER CARE SERVICES	999,999,999	99,999,999,999
A. TRANSPORTATION SERVICES	999,999,999	99,999,999,999
B. ABORTIONS	999,999,999	99,999,999,999
C. OTHER SERVICES	999,999,999	99,999,999,999
19. PREPAID HEALTH CARE	999,999,999	99,999,999,999
A. HMO/HIO	999,999,999	99,999,999,999
A. PREPAID HEALTH PLANS	999,999,999	99,999,999,999
20. PCCM SERVICES	999,999,999	99,999,999,999

END OF REPORT

HCFA-2082 - Section - M (MR-O-057)

MRM170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PAGE
RUN DATE: MM/DD/CCYY SECTION M (1). RECIPIENTS AND PAYMENTS BY TYPE OF MEDICAL SERVICE
HH:MM

SERVICE TYPE	TOTAL RECIPIENTS	TOTAL PAYMENTS
1. UNDUPLICATED TOTAL	999,999,999	99,999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	99,999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	99,999,999,999
A. FOR INDIVIDUALS UNDER 21	999,999,999	99,999,999,999
B. OTHER MENTAL HEALTH SERVICES	999,999,999	99,999,999,999
4. NURSING FACILITY SERVICES	999,999,999	99,999,999,999
5. INTERMEDIATE CARE FACILITY / MR	999,999,999	99,999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	99,999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	99,999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	99,999,999,999
9 PRESCRIBED DRUGS	999,999,999	99,999,999,999
10. DENTAL SERVICES	999,999,999	99,999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	99,999,999,999
12. CLINIC SERVICES	999,999,999	99,999,999,999
A. RURAL HEALTH CLINIC SERVICES	999,999,999	99,999,999,999
B. FQHC SERVICES	999,999,999	99,999,999,999
C. OTHER CLINIC SERVICES	999,999,999	99,999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	99,999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	99,999,999,999
A. STERILIZATIONS	999,999,999	99,999,999,999
B. OTHER FAMILY PLANNING SERVICES	999,999,999	99,999,999,999
15. HOME HEALTH SERVICES	999,999,999	99,999,999,999
16. PERSONAL SUPPORT SERVICES	999,999,999	99,999,999,999
A. PERSONAL CARE SERVICES	999,999,999	99,999,999,999
B. TARGETED CASE MANAGEMENT	999,999,999	99,999,999,999
C. HOME AND COMMUNITY BASED CARE	999,999,999	99,999,999,999
D. REHABILITATION SERVICES	999,999,999	99,999,999,999
E. PT, OT, SPEECH, HEARING, LANGUAGE	999,999,999	99,999,999,999
F. HOSPICE BENEFITS	999,999,999	99,999,999,999
G. NURSE MIDWIFE SERVICES	999,999,999	99,999,999,999
H. NURSE PRACTITIONER SERVICES	999,999,999	99,999,999,999
I. PRIVATE DUTY NURSING	999,999,999	99,999,999,999
J. CHRISTIAN SCIENCE PRACTITIONERS	999,999,999	99,999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	99,999,999,999
18. OTHER CARE SERVICES	999,999,999	99,999,999,999
A. TRANSPORTATION SERVICES	999,999,999	99,999,999,999
B. ABORTIONS	999,999,999	99,999,999,999
C. OTHER SERVICES	999,999,999	99,999,999,999
19. PREPAID HEALTH CARE	999,999,999	99,999,999,999
A. HMO/HIO	999,999,999	99,999,999,999
A. PREPAID HEALTH PLANS	999,999,999	99,999,999,999
20. PCCM SERVICES	999,999,999	99,999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SERVICE TYPE	Calculated	DE0002	

Output Reports MR-O-058 HCFA-2082 - Section - N

General Information

Section N provides HCFA 2082 Refugee reporting information on both the number of recipients who had payments made to medical vendor on their behalf and the amount of those payments from program funds other than Title XIX.

Subsystem:	MARS
Frequency:	Annually
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Produce State 2082 Section - N MR-O-058 Report for Refugee Program by TOS (MRA195)
Confidential:	Yes
Sequence:	Type of Service
Control Breaks:	N/A

HCFA-2082 - Section - N (MR-O-058)

MRA195 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVI
RUN DATE: MM/DD/CCYY HH:MM SECTION N. RECIPIENTS AND AMOUNTS OF MEDICAL VENDOR PAYMENTS
FOR REFUGEE PROGRAM BY TYPE OF MEDICAL SERVICE
STATE FISCAL YEAR - 2004

(01) TYPE OF MEDICAL CARE OR SERVICE	(02) TOTAL RECIPIENTS	(03) TOTAL PAYMENTS
1. TOTAL	999,999,999	9,999,999,999
2. INPATIENT HOSPITAL SERVICES	999,999,999	9,999,999,999
3. MENTAL HOSPITAL FACILITY SERVICES	999,999,999	9,999,999,999
4. NURSING FACILITY SERVICES	999,999,999	9,999,999,999
5. INTERMEDIATE CARE FACILITY		
6. - MENTALLY RETARDED SERVICES	999,999,999	9,999,999,999
6. PHYSICIAN'S SERVICES	999,999,999	9,999,999,999
7. OUTPATIENT HOSPITAL SERVICES	999,999,999	9,999,999,999
8. EPSDT SCREENING SERVICES	999,999,999	9,999,999,999
9. PRESCRIBED DRUGS	999,999,999	9,999,999,999
10. DENTAL SERVICES	999,999,999	9,999,999,999
11. OTHER PRACTITIONERS SERVICES	999,999,999	9,999,999,999
12. CLINIC SERVICES	999,999,999	9,999,999,999
13. LAB AND X-RAY SERVICES	999,999,999	9,999,999,999
14. FAMILY PLANNING SERVICES	999,999,999	9,999,999,999
15. HOME HEALTH SERVICES	999,999,999	9,999,999,999
16. PERSONAL CARE SUPPORT SERVICES	999,999,999	9,999,999,999
17. HOME AND COMMUNITY BASED WAIVER	999,999,999	9,999,999,999
18. OTHER CARE SERVICES	999,999,999	9,999,999,999
19. PREPAID HEALTHCARE	999,999,999	9,999,999,999
20. PCCM SERVICES	999,999,999	9,999,999,999

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL TYPE OF SERVICE	MARS Type of Service for Federal Reporting	DE6108	
2	RECIPIENTS	Calculated	DE0002	The number of recipients who received the type of medical care indicated. This is broken out by program and distributed by type of service.
3	PAYMENTS	MARS Reimbursement Amount by Type of Service	DE6603	The dollar amount of payments to vendors of medical care by type of service and by program.

Output Reports MR-O-059 HCFA-2082 - SECTION - M (1)

General Information

Provides HCFA 2082 reporting of the number of visits for selected types of services and number of prescription by maintenance assistance status and basis of eligibility.

Subsystem:	MARS
Frequency:	MONTHLY
Volume:	VARIABLE
Number of Copies:	1
Output Form:	ONDEMAND
Retention:	90 DAYS
Distribution:	DMAS MARS UNIT
Program:	Produce State - 2082 - Section - M1 report MR-O-059, Visits/Selected Services by MAS BOE (MRA200)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HCFA-2082 - SECTION - M (1) (MR-O-059)

MRA200 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY STATISTICAL REPORT ON MEDICAL CARE: ELIGIBLES, RECIPIENTS, PAYMENTS, AND SERVICES PA
RUN DATE: MM/DD/CCYY HH:MM SECTION M. NUMBER OF VISITS FOR SELECTED TYPES OF SERVICES AND NUMBER OF
PRESCRIPTIONS BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
STATE FISCAL YEAR - 2004

(1) MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	(2) PHYSICIAN VISITS	(3) OUTPATIENT HOSPITAL VISITS	(4) CLINIC VISITS	(5) HOME HEALTH VISITS	(6) RURAL HEALTH VISITS
2. TOTAL VISITS	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
A. AGED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
B. BLIND/DISABLED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
C. CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
D. ADULT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
E. CHILD - UNEMPLOYED PARENT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
F. ADULT - UNEMPLOYED PARENT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
G. FOSTER CARE CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
3. INDIVIDUALS RECEIVING CASH ASSISTANCE	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
A. AGED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
B. BLIND/DISABLED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
C. CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
D. ADULT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
E. CHILD - UNEMPLOYED PARENT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
F. ADULT - UNEMPLOYED PARENT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
4. MEDICALLY NEEDY	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
A. AGED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
B. BLIND/DISABLED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
C. CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
D. ADULT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
5. POVERTY RELATED ELIGIBLES	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
A. AGED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
B. BLIND/DISABLED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
C. CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
D. ADULT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
6. OTHER ELIGIBLES	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
A. AGED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
B. BLIND/DISABLED	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
C. CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
D. ADULT	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
E. FOSTER CARE CHILD	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL VISITS	Calculated	DE0002	
2	PHYSICIAN VISITS	Calculated	DE0002	
3	OUTPATIENT HOSPITAL VISITS	Calculated	DE0002	
4	CLINIC VISITS	Calculated	DE0002	
5	HOME HEALTH VISITS	Calculated	DE0002	
6	RURAL HEALTH VISITS	Calculated	DE0002	
7	PRESCRIBED DRUGS	Calculated	DE0002	

Output Reports MR-O-060B Claims Processing Statistics by Provider Type

General Information

Presents claim statistics by Provider Type within Benefit Programs 01 thru 08 on original / adjustment claims paid (section A) and denied / pended claims (section B) at month end. Default values are assigned to pended, rejected, and denied claims as follows: Claims with missing or invalid benefit program codes are reported under benefit program 01. Claims with missing or invalid provider types are reported under provider type 999.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Provider Type
Control Breaks:	Benefit Program Code

Claims Processing Statistics by Provider Type (MR-O-060B)

MRM020 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-0
AS OF: MM/DD/CCYY CLAIMS PROCESSING STATISTICS PAGE NUMBER:
RUN DATE: MM/DD/CCYY HH:MM
SECTION B(1A). PROVIDER TYPE - PAYMENTS

BENEFIT PROGRAM: (1) 999 - XXXXXXXXXXXXXXXXXXXX (2)
PROVIDER TYPES:

(3)	(4)	ORIGINAL PAID CLAIMS: CLAIM (5)	SERVICE UNITS (6)	PAYMENT AMOUNT (7)	PAID CLAIM ADJUSTMENTS: CLAIMS (8)	SERVICE UNITS (9)	PAYMENT AMOUNT (10)	TOTA PAYM AMOU (11)
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
XXX	XXXXXXXXXXXXXXXXXXXXXXXX	ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,
*** TOTAL ***		ZZZZZ,ZZ9	ZZZZZ,ZZ9.9	ZZZZ,ZZZ,ZZ9.99	ZZZZZ,ZZ9-	ZZZZZ,ZZ9.9-	ZZZZ,ZZZ,ZZ9.99-	ZZZZ,ZZZ,

Claims Processing Statistics by Provider Type (MR-O-060B)

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MRM020                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF: MM/DD/CCYY                                        CLAIMS PROCESSING STATISTICS                           PAGE NUMBER
RUN DATE: MM/DD/CCYY  HH:MM
SECTION B(1B). DENIED/IN PROCESS

                                          ------ DENIED -------        ------ PENDED -------        ------ REJECTED ------        TOTAL  DENIE
                     (1)    (2)           CLAIMS     NET CHARGES        CLAIMS     NET CHARGES       CLAIMS     NET CHARGES       CLAIMS   NET
BENEFIT PROGRAM:  999  -  XXXXXXXXXXXXXXXXXXXX
PROVIDER TYPES:
(3)        (4)                             (12)          (13)          (14)          (15)          (16)          (17)           (18)
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
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XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
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XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
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XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
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XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
XXX XXXXXXXXXXXXXXXXXXXXXXXX ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
***  TOTAL ***               ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZZZZ,ZZ9.99- ZZZZZ,ZZ9- ZZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	PROVIDER TYPE [Code]	Provider Type	DE4006	
4	PROVIDER TYPE [Description]	Provider Type Descrip-tion	DE4296	
5	ORIGINAL PAID CLAIMS - CLAIM	Calculated	DE0002	Count of paid original claims: claim status = ‘1’, claim modifier = ‘01’.

6	ORIGINAL PAID CLAIMS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid original claims (claim status = '1', claim modifier = '01'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
7	ORIGINAL PAID CLAIMS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘01’).
8	PAID CLAIM ADJUSTMENTS - CLAIMS	Calculated	DE0002	Count of paid adjustment claims: claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’.
9	PAID CLAIM ADJUSTMENTS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid adjustment claims (claim status = '1', claim modifier = '02', '03', or '04'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
10	PAID CLAIM ADJUSTMENTS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’).
11	TOTAL PAYMENT AMOUNT	Calculated	DE0002	Field 7 + Field 10.
12	DENIED - CLAIMS	Calculated	DE0002	Count of denied claims: claim status = ‘3’. Denied claims without a benefit program default to program ‘01’. Denied claims without a provider type default to provider type ‘999’.
13	DENIED - NET CHARGES	Calculated	DE0002	Sum of Claim Billed Charge (DE2016) on all denied claims (claim status = ‘3’). Denied claims without a benefit program default to program ‘01’. Denied claims without a provider

				type default to provider type ‘999’.
14	PENDED - CLAIMS	Calculated	DE0002	Count of pended claims: claim status = ‘4’. Pended claims without a benefit program default to program ‘01’. Pended claims without a provider type default to provider type ‘999’.
15	PENDED - NET CHARGES	Calculated	DE0002	Sum of Claim Billed Charge (DE2061) on all pended claims (claim status = ‘4’). Pended claims without a benefit program default to program ‘01’. Pended claims without a provider type default to provider type ‘999’.
16	REJECTED - CLAIMS	Calculated	DE0002	Count of rejected claims: claim status = ‘2’. Rejected claims without a benefit program default to program ‘01’. Rejected claims without a provider type default to provider type ‘999’.
17	REJECTED - NET CHARGES	Calculated	DE0002	Sum of Claim Billed Charge (DE2061) on all rejected claims (claim status = ‘2’). Rejected claims without a benefit program default to program ‘01’. Denied claims without a provider type default to provider type ‘999’.
18	TOTAL DENIED/REJECTED - CLAIMS	Calculated	DE0002	Field 14 plus Field 16.
19	TOTAL DENIED/REJECTED - NET CHARGES	Calculated	DE0002	Field 15 plus Field 17.

Output Reports MR-O-060C Claims Processing Statistics by Claim Type

General Information

Presents claim statistics by Claim Type within Benefit Programs 01 thru 08 on original & adjustment claims paid during the month.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Claim Type
Control Breaks:	Benefit Program

Claims Processing Statistics by Claim Type (MR-O-060C)

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MRM020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                                   CLAIMS PROCESSING STATISTICS                             PAG
RUN DATE: MM/DD/CCYY HH:MM
SECTION C(1A). CLAIM TYPE
                                 ---------- ORIGINAL PAID CLAIMS ------        ----------PAID CLAIM ADJUSTMENTS ----
                                        CLAIM     SERVICE      PAYMENT       CLAIMS       SERVICE         PAYMENT
                  (1)     (2)                     UNITS        AMOUNT                     UNITS           AMOUNT
BENEFIT PROGRAM: Z999 - XXXXXXXXXXXXXXXXXXXX
CLAIM TYPE:
(3)           (4)                    (5)          (6)          (7)                (8)          (9)              (10)
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
XX XXXXXXXXXXXXXXXXXXXXXX     ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9

*** TOTAL ***                 ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	CLAIM TYPE [Code]	Claim Type	DE2002	
4	CLAIM TYPE [Description]	Code Value Descrip-tion	DE0018	
5	ORIGINAL PAID CLAIMS - CLAIM	Calculated	DE0002	Count of paid original claims: claim status = ‘1’, claim modifier = ‘01’.
6	ORIGINAL PAID CLAIMS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid original claims (claim status = '1', claim modifier = '01'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims.

				Medical = Units minus Cutback Units. Transportation = Count of number of claims.
7	ORIGINAL PAID CLAIMS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘01’).
8	PAID CLAIM ADJUSTMENTS - CLAIMS	Calculated	DE0002	Count of paid adjustment claims: claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’.
9	PAID CLAIM ADJUSTMENTS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid adjustment claims (claim status = '1', claim modifier = '02', '03', or '04'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
10	PAID CLAIM ADJUSTMENTS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’).
11	TOTAL PAYMENT AMOUNT	Calculated	DE0002	Field 7 + Field 10.

Output Reports MR-O-060D Claims Processing Statistics by Federal Type of Service

General Information

Presents claim statistics by Federal Type of Service within Benefit Programs 01 thru 08 on original & adjustment claims paid during the month.

Subsystem:	MARS
Frequency:	Monthly
Volume:	8 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Federal Type of Service
Control Breaks:	Benefit Program

Claims Processing Statistics by Federal Type of Service (MR-O-060D)

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MRM020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                                   CLAIMS PROCESSING STATISTICS                             PAG
RUN DATE: MM/DD/CCYY HH:MM
SECTION D(1). FEDERAL TYPE OF SERVICE
                              ---------- ORIGINAL PAID CLAIMS ------        ----------PAID CLAIM ADJUSTMENTS ----
                                     CLAIM     SERVICE      PAYMENT       CLAIMS       SERVICE         PAYMENT
                                               UNITS        AMOUNT                     UNITS            AMOUNT
                    (1)          (2)
BENEFIT PROGRAM:  XXX - XXXXXXXXXXXXXXXXXXXX
FEDERAL TYPE OF SERVICE

01  INPATIENT HOSPITAL        (3) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
02  MENTAL HOSPITAL SERVICES (4) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
04  INPATIENT PSYCH SVC < 21 (5) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
05  ICF/MR                   (6) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
07  NURSING FACILITY          (7) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
08  PHYSICIAN SERVICES        (8) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
09  DENTAL                    (9) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
10  OTHER PRACTITIONERS       (10) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
11  OUTPATIENT HOSPITAL       (11) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
12  CLINIC SERVICE            (12) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
13  HOME HEALTH               (13) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
15  LAB AND X-RAY             (14) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
16  PRESCRIBED DRUGS          (15) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
19  OTHER CARE                (16) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
20  CAPITATION PAYMENTS       (17) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
22  PCCM FEES                 (18) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
24  STERILIZATIONS            (19) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
25  ABORTIONS                 (20) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
26  TRANSPORTATION            (21) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
30  PERSONAL CARE SERVICES    (22) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
31  TARGET CASE MANAGEMENT    (23) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
33  REHAB                     (24) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
34  PT, OT, SPEECH, HEARING   (25) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
35  HOSPICE                   (26) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
36  NURSE MIDWIFE             (27) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
37  NURSE PRACTITIONER        (28) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
38  PRIVATE DUTY NURSING      (29) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
39  RELIGIOUS NON-MEDICAL     (30) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9

    *** TOTAL ***           (31) ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.9
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	01 INPATIENT HOSPITAL	Calculated	DE0002	(Provider Type = 001, 091 OR Claim Type = 01 OR Form Type = XOVA) AND NOT Abortion / Sterilization ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID

				CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
4	02 MENTAL HOSPITAL SERVICES	Calculated	DE0002	Provider Type = 002, 003, 008, 009, 012, 013 AND Enrollee Age > 64 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status

				(DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
5	04 INPATIENT PSYCH SVC < 21	Calculated	DE0002	Provider Type = 003, 007, 008, 009,

				012, 013 AND Enrollee Age < 22 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

6	05 ICF/MR	Calculated	DE0002	Provider Type = 016, 017, 018 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

7	07 NURSING FACILITY	Calculated	DE0002	Provider Type = 004, 005, 006, 010, 011, 015, 028, 029, 086, 092 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

8	08 PHYSICIAN SERVICES	Calculated	DE0002	(Provider Type = 020, 095 OR Form Type = XOVB) AND NOT Sterilization / Abortion AND NOT Lab / Xray ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid

				Adjustments: Payment Amount.
9	09 DENTAL	Calculated	DE0002	Provider Type = 041, 042, 040 OR Claim Type = 11 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

10	10 OTHER PRACTITIONERS	Calculated	DE0002	Provider Type = 021, 024, 025, 026, 030, 031, 033, 078 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

11	11 OUTPATIENT HOSPITAL	Calculated	DE0002	Claim Type = 03 OR Place of Service = 22, 23 OR Category of Service = 060 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

12	12 CLINIC SERVICE	Calculated	DE0002	(Provider Type = 049, 050, 051, 052, 053, 074, 093 OR (Provider Type = 056 AND Provider Specialty = 41)) AND NOT Lab / Xray AND NOT Sterilization / Abortion ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid

				Claims: Payment Amount + Paid Adjustments: Payment Amount.
13	13 HOME HEALTH	Calculated	DE0002	Provider Type = 058, 059, 094 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid

				Adjustments: Payment Amount.
14	15 LAB AND X-RAY	Calculated	DE0002	Provider Type = 070, 098 OR Claim Type = 08 OR Procedure Code = 70000 thru 89999 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid

				Adjustments: Payment Amount.
15	16 PRESCRIBED DRUGS	Calculated	DE0002	(Provider Type = 96, 60 OR Claim Type = 06) AND NOT Standard Therapeutic Class 00, 39, 36, or 63 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid

				Claims: Payment Amount + Paid Adjustments: Payment Amount.
16	19 OTHER CARE	Calculated	DE0002	Provider Type = 022, 032, 034, 037, 038, 047, 048, 056, 062, 064, 067, 069, 072, 076, 077, 079, 090, 061 OR (Claim Type = 06 AND Standard Therapeutic Class 00, 39, 36, or 63) In addition, whenever a claim does not match any of the defined Federal Type of Service criteria, it is assigned a FTOS of 19 and is reported on the MR-O-200 Process Summary report. ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of num-

				ber of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
17	20 CAPITATION PAYMENTS	Calculated	DE0002	Claim Type = 15 OR (Provider Type = 065 AND Procedure Code = Z9998) ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus

				Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
18	22 PCCM FEES	Calculated	DE0002	(Claim Type = 16 AND NOT Provider Type = 052, 053) OR (Claim Type = 17 AND Provider Type = 020, 052, 053) ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001';

				Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
19	24 FAMILY PLANNING/STER	Calculated	DE0002	(Provider Type = 001, 020, 051, 049, 052, 053, 091, 093 OR Claim Type = 01, 03, 05, 09) AND (UB Procedure = 624, 6241, 6242, 6370, 6371, 6372, 6373, 655, 6551, 6552, 6553, 6554, 656, 6561, 6562, 6563, 6564, 662, 6621, 6669, 637, 665, 6622, 6629, 663, 6631, 6632, 6639, 6651, 6652, 666, 6663 OR Medical Procedure = 00851, 54690, 55250, 55450, 56301, 56302, 56307, 56318, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700, 58720, 58940, 58950 OR Diagnosis = V252) ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023)

				where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
20	25 ABORTIONS	Calculated	DE0002	(Provider Type = 001, 020, 051, 049, 052, 053, 091, 093 OR Claim Type = 01, 03, 05, 09) AND (UB Procedure = 6901, 6951, 7491, 750 OR Medical Procedure = 01964,59840,59841,59850, 59851,59852,59855,59856, 59857, S2260 OR Diagnosis = 635-63599, 637-63799, 638-63899, 7796) ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where

				Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
21	26 TRANSPORTATION	Calculated	DE0002	Provider Type = 080, 081, 082, 083, 084 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus

				Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
22	30 PERSONAL CARE SERVICES	Calculated	DE0002	Provider Type = 055 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient

				/Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
23	31 TARGET CASE MANAGEMENT	Calculated	DE0002	Provider Type = 036, 051, 073 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’.

				Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
24	33 REHAB	Calculated	DE0002	Provider Type = 014, 019, 057, 085, 039 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039)

				= ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
25	34 PT, OT, SPEECH, HEARING	Calculated	DE0002	Provider Type = 043, 044, 045, 054 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of

				Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
26	35 HOSPICE	Calculated	DE0002	Provider Type = 046 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS:

				SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
27	36 NURSE MIDWIFE	Calculated	DE0002	Provider Type = 035 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’.

				ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
28	37 NURSE PRACTITIONER	Calculated	DE0002	Provider Type = 023 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’

				and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
29	38 PRIVATE DUTY NURSING	Calculated	DE0002	Provider Type = 063 ORIGINAL PAID CLAIMS: CLAIM = Count of

				claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.

30	39 RELIGIOUS NON-MEDICAL	Calculated	DE0002	Provider Type = 027 ORIGINAL PAID CLAIMS: CLAIM = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID CLAIM ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTEMENTS: SERVICE UNITS = Total of Service Units where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. Units are calculated as follows: Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'; Crossover A = Units minus Non-Covrd; Inpatient = Pymt Days minus Cutback Units; Drug = Count of number of claims; Medical = Units minus Cutback Units; Transportation = Count of number of claims. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. TOTAL PAYMENT AMOUNT = Original Paid Claims: Payment Amount + Paid Adjustments: Payment Amount.
31	TOTAL	Calculated	DE0002	Sum of all FTOS rows for each report

				column within the Benefit Program.

Output Reports MR-O-060E Claims Processing Statistics by Maintenance Assistance Status

General Information

Presents claim statistics by Category of Assistance (Maintenance Assistance Status & Basis of Eligibility) within Benefit Programs 01 thru 08 on original & adjustment claims paid during the month.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	Yes
Sequence:	Benefit Program Code Maintenance Assistance Status Basis Of Eligibility
Control Breaks:	Benefit Program Code Maintenance Assistance Status Basis Of Eligibility

Claims Processing Statistics by Maintenance Assistance Status (MR-O-060E)

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MRM020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                                   CLAIMS PROCESSING STATISTICS                             P
RUN DATE: MM/DD/CCYY HH:MM
SECTION E(1). FEDERAL CATEGORY OF ASSISTANCE
                    --- ORIGINAL PAID CLAIMS ---  -- PAID ADJUSTMENTS -     ---- DENIED CLAIMS ----   ---- CLAI
                     CLAIMS        PAYMENT        CLAIMS        PAYMENT          CLAIMS          NET      CLAIMS
                     (1)    (2)    AMOUNT                      AMOUNT                           CHARGES
BENEFIT PROGRAM: Z999 - XXXXXXXXXXXXXXXXXXX
(3) 1. RECEIVING CASH ASSISTANCE TOTAL
                    ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(4) ZZZZ,ZZZ,ZZ9.99-
(5) A. AGED         ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(6) ZZZZ,ZZZ,ZZ9.99-
(7) B. BLIND/DISABLE ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(8) ZZZZ,ZZZ,ZZ9.99-
(9) C. CHILD        ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(10) ZZZZ,ZZZ,ZZ9.99-
     D. ADULT       ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(11) ZZZZ,ZZZ,ZZ9.99-
(12) E. UNP. P/CH   ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(13) ZZZZ,ZZZ,ZZ9.99-
(14) F. UNP. P/AD   ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(15) ZZZZ,ZZZ,ZZ9.99-
     2. MEDICALLY NEEDY - TOTAL
(16)                ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(17) ZZZZ,ZZZ,ZZ9.99-
(18) A. AGED        ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(19) ZZZZ,ZZZ,ZZ9.99-
(20) B. BLIND/DISABLE ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
(21) C. CHILD       ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
(22) ZZZZ,ZZZ,ZZ9.99-
     D. ADULT       ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     3. POVERTY RELATED - TOTAL
                    ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     A. AGED        ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     B. BLIND/DISABLE ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     C. CHILD       ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     D. ADULT       ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     4. OTHER - TOTAL
                    ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
     A. AGED        ZZZZZ,ZZ9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99- ZZZZZ,ZZ9-  ZZZZ,ZZZ,ZZ9.99-  ZZZZZ,
     ZZZZ,ZZZ,ZZ9.99-
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	RECEIVING CASH ASSISTANCE TOTAL	Calculated	DE0002	The RECEIVING CASH ASSISTANCE TOTAL line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and mod-

				ifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
4	RECEIVING CASH ASSISTANCE - AGED	Calculated	DE0002	The RECEIVING CASH ASSISTANCE -AGED line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status

				(DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
5	RECEIVING CASH ASSISTANCE - BLIND/DISABLE	Calculated	DE0002	The RECEIVING CASH ASSISTANCE - BLIND\DISABLE line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status

				(DE2039) = ‘2’ or ‘4’.
6	RECEIVING CASH ASSISTANCE - CHILD	Calculated	DE0002	The RECEIVING CASH ASSISTANCE - CHILD line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
7	RECEIVING CASH ASSISTANCE - ADULT	Calculated	DE0002	The RECEIVING CASH ASSISTANCE - ADULT line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS =

				Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
8	RECEIVING CASH ASSISTANCE - UNP. P/CH	Calculated	DE0002	The RECEIVING CASH ASSISTANCE - UNP. P/CH line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT

				AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
9	RECEIVING CASH ASSISTANCE - UNP. P/AD	Calculated	DE0002	The RECEIVING CASH ASSISTANCE - UNP. P/AD line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘1’ and the Aid Category Basis of Eligibility (DE3308/3310) = '6'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET

				CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
10	MEDICALLY NEEDY - TOTAL	Calculated	DE0002	The MEDICALLY NEEDY - TOTAL line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘2’. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
11	MEDICALLY NEEDY - AGED	Calculated	DE0002	The MEDICALLY NEEDY - AGED line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003)

				= ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
12	MEDICALLY NEEDY - BLIND/DISABLE	Calculated	DE0002	The MEDICALLY NEEDY - BLIND\DISABLE line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status

				(DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
13	MEDICALLY NEEDY - CHILD	Calculated	DE0002	The MEDICALLY NEEDY - CHILD line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.

14	MEDICALLY NEEDY - ADULT	Calculated	DE0002	The MEDICALLY NEEDY - ADULT line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘2’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
15	POVERTY RELATED - TOTAL	Calculated	DE0002	The POVERTY RELATED TOTAL line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘3’. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’

				and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
16	POVERTY RELATED - AGED	Calculated	DE0002	The POVERTY RELATED - AGED line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where

				status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
17	POVERTY RELATED - BLIND\DISABLE	Calculated	DE0002	The POVERTY RELATED - BLIND\DISABLE line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
18	POVERTY RELATED - CHILD	Calculated	DE0002	The POVERTY RELATED - CHILD line includes all claims for the Benefit Program (DE3551) where the Aid Cat-

				egory Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
19	POVERTY RELATED - ADULT	Calculated	DE0002	The POVERTY RELATED - ADULT line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘3’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID

				ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
20	OTHER - TOTAL	Calculated	DE0002	The OTHER TOTAL line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or

				‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
21	OTHER - AGED	Calculated	DE0002	The OTHER - AGED line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '1'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
22	OTHER - BLIND\DISABLE	Calculated	DE0002	The OTHER - BLIND\DISABLE line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '2'. Report fields are calculated as follows:

				ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
23	OTHER - CHILD	Calculated	DE0002	The OTHER - CHILD line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '3'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT

				AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
24	OTHER - ADULT	Calculated	DE0002	The OTHER - ADULT line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '4'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment

				Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
25	OTHER - UNP. P/CH	Calculated	DE0002	The OTHER - UNP. P/CH line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '5'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
26	OTHER - UNP. P/AD	Calculated	DE0002	The OTHER - UNP. P/AD line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '6'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status

				(DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
27	OTHER - FOSTER	Calculated	DE0002	The OTHER - FOSTER line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '7'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status

				(DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.
28	OTHER - UNKNOWN	Calculated	DE0002	The OTHER - UNKNOWN line includes all claims for the Benefit Program (DE3551) where the Aid Category Money Payment Status code (DE3306) = ‘4’ and the Aid Category Basis of Eligibility (DE3308/3310) = '8'. Report fields are calculated as follows: ORIGINAL PAID CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. ORIGINAL PAID CLAIMS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘1’. PAID ADJUSTMENTS: CLAIMS = Count of claims where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. PAID ADJUSTMENTS: PAYMENT AMOUNT = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘1’ and modifier (DE2003) = ‘2’, ‘3’, or ‘4’. DENIED CLAIMS: CLAIMS = Count of claims where status (DE2039) = ‘3’. DENIED CLAIMS: NET CHARGES = Sum of Claim Billed Charges (DE2016) where status (DE2039) = ‘3’. CLAIMS IN PROCESS: CLAIMS = Count of claims where status (DE2039) = ‘2’ or ‘4’. CLAIMS IN PROCESS: NET CHARGES = Sum of Claim Payment Amounts (DE2023) where status (DE2039) = ‘2’ or ‘4’.

29	TOTALS	Calculated	DE0002	The TOTALS line is the sum of the sub-totals for RECEIVING CASH ASSISTANCE (field 3), MEDICALLY NEEDY (field 10), POVERTY RELATED (field 15), and OTHER (field 20) for each column on the report.

Output Reports MR-O-060F Claims Processing Statistics by Category of Service

General Information

Presents claim statistics by State Category of Service within Benefit Programs 01 thru 08 on original & adjustment claims paid during the month.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Benefit Program Code Category of Service
Control Breaks:	Benefit Program Code Category of Service

Claims Processing Statistics by Category of Service (MR-O-060F)

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MRM020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                                   CLAIMS PROCESSING STATISTICS                             PAGE
RUN DATE: MM/DD/CCYY HH:MM
SECTION F(1).  CATEGORY OF SERVICE
                                  ---------- ORIGINAL PAID CLAIMS ------        ----------PAID CLAIM ADJUSTMENTS -----
                                        CLAIM     SERVICE      PAYMENT       CLAIMS       SERVICE         PAYMENT
                    (1)     (2)                   UNITS        AMOUNT                     UNITS           AMOUNT
BENEFIT PROGRAM: Z999 - XXXXXXXXXXXXXXXXXXX
CATEGORY OF SERVICE
(3)            (4)                    (5)          (6)          (7)                (8)          (9)              (10)
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
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XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXXXXXXXXXXXXXXXX  ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99

    *** TOTAL ***              ZZZZZ,ZZ9  ZZZZZ,ZZ9.9  ZZZZ,ZZZ,ZZ9.99  ZZZZZ,ZZ9-  ZZZZZ,ZZ9.9-  ZZZZ,ZZZ,ZZ9.99
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PLAN [Description]	Benefit Definition Plan Short Name	DE3555	
3	CATEGORY OF SERVICE [Code]	Claim Category of Service	DE2038	
4	CATEGORY OF SERVICE [Description]	Claim Category of Service Description	DE9921	
5	ORIGINAL PAID CLAIMS - CLAIMS	Calculated	DE0002	Count of paid original claims: claim status = ‘1’, claim modifier = ‘01’.
6	ORIGINAL PAID CLAIMS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid original claims (claim status = '1', claim modifier =

				'01'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
7	ORIGINAL PAID CLAIMS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘01’).
8	PAID CLAIM ADJUSTMENTS - CLAIMS	Calculated	DE0002	Count of paid adjustment claims: claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’.
9	PAID CLAIM ADJUSTMENTS - SERVICE UNITS	Calculated	DE0002	Sum of Units on all paid adjustment claims (claim status = '1', claim modifier = '02', '03', or '04'): Outpatient /Home Health = Units minus Cutback for revenue lines where Rev_Cd <> '0001'. Crossover A = Units minus Non-Covrd. Inpatient = Pymt Days minus Cutback Units. Drug = Count of number of claims. Medical = Units minus Cutback Units. Transportation = Count of number of claims.
10	PAID CLAIM ADJUSTMENTS - PAYMENT AMOUNT	Calculated	DE0002	Sum of Claim Payment Amounts (DE2023) on all paid original claims (claim status = ‘1’, claim modifier = ‘02’, ‘03’, or ‘04’).
11	TOTAL PAYMENT AMOUNT	Calculated	DE0002	Field 7 + Field 10.

Output Reports MR-O-061 Recipient Count & Payment by Provider Type & Recipient Category

General Information

This report provides monthly statistical information on the type of care, drug usage, and payments for specific categories of eligible recipients, listed by invoice and provider type

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Recipient Count and Payment by Provider Type (MRM140)
Confidential:	No
Sequence:	Invoice Type Provider Type Money Pay Status (for Refugee78 and Refugee79) Object Code for MPS Refugee78 and Refugee79
Control Breaks:	Invoice Type Provider Type Money Pay Status (for Refugee78 and Refugee79) Object Code for MPS Refugee78 and Refugee79

Recipient Count & Payment by Provider Type & Recipient Category (MR-O-061)

```
MRM140                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                   RECIPIENT COUNT & PAYMENT BY THE PROVIDER TYPE & RECIPIENT CATEGORY         PA
RUN DATE: MM/DD/CCYY HH:MM
                                   (1)   (2)
BENEFIT PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION A: VALID TRANSACTIONS      (7)   (8)     (9)      (10)     (11)     (12)     (13)   (14)   (15)   (16)
(3)    (4)   (5)   (6)
MONEY    INV PRV PROVIDER          RECIP.  UNDUP.  INVOICE   VENDOR     HOSPITAL      DAYS  U/V/S  EPSDT PRESCR B
 PAY     TYP TYP TYPE             CATEGORY RECIP.   COUNT    PAYMENT   DISCHARGES     CARE          PHYS. DISPNS N
STATUS                                     COUNT            AMOUNT   TOTAL & DIFF.

XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
*** TOTAL          XXXXXXXXXXXXXX          ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z

XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
XXXXXXXX XX XXX XXXXXXXXXXXXXX XXXXXXXX ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
*** TOTAL          XXXXXXXXXXXXXX          ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z

    TOTAL INVOICE                          ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z

    TOTAL MONEY PAY STATUS REFUGEE 78      ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
                     OBJECT CODES  XXXXXX               ZZZZZZZ9.99-
                                   XXXXXX               ZZZZZZZ9.99-
                                   XXXXXX               ZZZZZZZ9.99-
                                   XXXXXX               ZZZZZZZ9.99-
  TOTAL MONEY PAY STATUS REFUGEE 78 BY OBJECT CODES   ZZZZZZZZZZZ.99-

    TOTAL BEN PGM                          ZZZZZ9 ZZZZZ9 ZZZZZZZ9.99- ZZZZZ9-ZZZZZ9-ZZZZZ0-ZZZZZ9-ZZZZZ9-ZZZZZ9-Z
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Refugee 78 & Refugee 79

(19)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	MONEY PAY STATUS	Aid Category Money Payment Status Description	DE3307	
4	INV TYPE	Claim Type	DE2002	
5	PROV TYPE	Provider Type	DE4006	
6	PROVIDER TYPE	Provider Type Description	DE4296	
7	RECIP. CATEGORY	Calculated	DE0002	Federal Basis of Eligibility description.

8	UNDUP.RECIP.COUNT	Calculated	DE0002	Unduplicated count of recipients who had paid claims within a particular MAS/BOE, invoice type, and provider type.
9	INVOICE COUNT	Calculated	DE0002	Count of paid claims within a particular MAS/BOE, invoice type, and provider type.
10	VENDOR PAYMENT AMOUNT	Calculated	DE0002	Sum of payment amounts from all paid claims within a particular MAS/BOE, invoice type, and provider type.
11	HOSPITAL DISCHARGES - TOTAL	Calculated	DE0002	Count of paid hospital discharge claims within a particular MAS/BOE, invoice type, and provider type. Hospital discharges are any invoice type = '01' claims with a valid discharge status code.
12	HOSPITAL DISCHARGES - DIFF	Calculated	DE0002	UNDUP.RECIP.COUNT (field #6) minus HOSPITAL DISCHARGES - TOTAL (field #10).
13	DAYS CARE	Calculated	DE0002	The sum of the units (days) on all paid claims with an invoice type of 01, 02, 03, 09, or 10.
14	U/V/S	Calculated	DE0002	The sum of the billed units (minus cutback units) on all paid claims with an invoice type of 04, 05, 08, 11, 13, 15, 16, or 17.
15	EPSDT PHYS.	Calculated	DE0002	Count of the total paid invoice type '05' claims with a 'Y' in the EPSDT indicator field.
16	PRSCR DISPNS	Calculated	DE0002	Count of pharmacy claims (claim type = '06').
17	BRAND NECESS	Calculated	DE0002	Count of pharmacy claims (claim type = '06') where the dispensed as written indicator = '1' (Substitution Not Allowed by Prescribing Physician).
18	UNIT DOSE	Calculated	DE0002	Count of pharmacy claims (claim type = '06') where the unit dose is greater than 1.
19	B/N AND U/D	Calculated	DE0002	Count of claims where unit-dose > 1 AND dispensed-as-written indicator = '1'.
20	Object Code	Budget Object Code	DE9843	

Output Reports MR-O-062A Drug Utilization - Nursing Home

General Information

This report has 2 separate sections. Section-A: This is a report of dispensed drug activity for Nursing Homes.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Nursing Home - Non-Nursing Home Drug Usage Reporting (MRM345)
Confidential:	No
Sequence:	Therapeutic Class Generic Code
Control Breaks:	Therapeutic Class

Drug Utilization - Nursing Home Home (MR-O-062A)

```
MRM345                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF 99/99/9999                            DRUG UTILIZATION REPORT                                         PAGE
RUN DATE: 99/9999:99
                          (01)            (02)
   BENEFIT PROGRAM :   01 - MEDICAL ASSISTANCE SERVICES (MEDICAID)
-------------------------------------------------------------------------------------------------------------
   SECTION - A: NURSING HOMES

-------------------------------------------------------------------------------------------------------------
   (07)     (08)    TOTAL UTILIZATION                                                          * BRAND NECESSARY /
  TOTAL  TOT METRIC AVG (09)   (10)            (11)          (12)                (13)          * TOTAL  TOT METRIC
  PRESC     QTY     DISP   AMOUNT PAID     AVERAGE PAID   AMOUNT CHARGED  AVERAGE CHARGED     * PRESC     QTY
-------------------------------------------------------------------------------------------------------------
                                                                                             *   (14)     (15)
   THERAPEUTIC CLASS :   00 (03)      GENERIC CODE:  94200  (04)                             *
                  (05)                                  (06)                                  *
*DRUG CODE  :   08970201021   DRUG NAME :    TERUMO INSULIN SYRINGE                          *
      99  999,999  999    99,999.99     99999.99       99999.99         99999.99   *         *   999999  99999
                                                                                             *
*DRUG CODE  :   08970201031   DRUG NAME :    TERUMO INSULIN SYRINGE                          *
      99  999,999  999    99,999.99     99999.99       99999.99         99999.99   *         *   999999  99999
                                                                                             *
*DRUG CODE  :   08970210541   DRUG NAME :    SURE-DOSE                                       *
      99  999,999  999    99,999.99     99999.99       99999.99         99999.99   *         *   999999  99999
                                                                                             *
         TOTALS FOR GENERIC CODE       94200   (18)                                           *
   9,999  999,999  999     99,999.99     99999.99       99999.99         99999.99   *         *   999999  99999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program Code Description	Benefit Definition Plan Short Name	DE3555	
3	Therapeutic Class	Drug Therapeutic Class Generic Code	DE5037	
4	Generic Code	Drug Generic Code Number (GCN)	DE5061	
5	Drug Code	Drug Code (NDC)	DE5200	
6	Drug Name	Drug Brand Name	DE5208	
7	Total Presc	MARS Prescription by Therapeutic Class	DE6710	Total Prescriptions - The total number of prescriptions prescribed for this therapeutic class during the reported quarter.
8	Tot Metric Qty	MARS Number of Units sold by Therapeutic Class	DE6737	Tot Metric Qty - The total metric quantity prescribed for this class/code during the reported quarter.
9	Avg Disp	MARS Average Units	DE6706	Avg Qty Disp - The average quantity

		per Prescription by Drug Code		dispensed during the reported quarter (Line 6 / Line 5).
10	Amount Paid	MARS Payment by Drug Code	DE6702	Amount Paid - The total dollar amount paid for drug services reported.
11	Average Paid	MARS Average Dollars per Prescription by Therapeutic Class	DE6707	Avg Paid - The average dollar amount paid per prescription (Line 8 / Line 5).
12	Amount Charged	MARS Submitted Charges by Category of Service	DE6241	Amount Charged - The total dollar amount charged for total utilization as indicated on the original invoice.
13	Average Charged	Calculated	DE0002	Avg Charged - The average dollar amount charged (Line 10 / Line 5).
14	Total Presc	Calculated	DE0002	Total Prescriptions - The total number of prescriptions that were brand necessary or unit dose extract as indicated by either the claim or VMAP formulary.
15	Total Metric Qty	MARS Number of Units sold by Therapeutic Class	DE6737	Brand Necessary/Unit Dose Extract: Total Metric Qty - Same as Line #6 for Brand Necessary/Unit Dose Extract.
16	Avg Disp	MARS Average Units per Prescription by Drug Code	DE6706	Brand Necessary/Unit Dose Extract: Avg Qty Disp - Same as Line # 7, for Brand Necessary/Unit Dose Extract.
17	Amount Paid	MARS Payment by Drug Code	DE6702	Brand Necessary/Unit Dose Extract: Amount Paid - Same as Line #8, for Brand Necessary/Unit Dose Extract.
18	Generic Totals	Calculated	DE0002	Generic Totals - Totals for the generic drug code being reported.
19	Resident Totals	Calculated	DE0002	Resident Totals - Nursing Home/Non-Nursing Home - Totals for the report section.
22	Program Total	Calculated	DE0002	Program Total - The accumulative number of prescription drugs, amount paid, and charged, for both Nursing home and non-nursing home residents for each Benefit Program.

Output Reports MR-O-062B Drug Utilization - Non-Nursing Home

General Information

This report has 2 separate sections. Section-B: This is a report of dispensed drug activity for Non-Nursing Homes.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS MARS Unit
Program:	Nursing Home - Non-Nursing Home Drug Usage Reporting (MRM345)
Confidential:	No
Sequence:	Therapeutic Class Generic Code
Control Breaks:	Therapeutic Class

Drug Utilization - Non-Nursing Home (MR-O-062B)

```
MRM345                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF 99/99/9999                              DRUG UTILIZATION REPORT                                         PAG
RUN DATE: 99/9999:99
                      (01)            (02)
   BENEFIT PROGRAM :   01 - MEDICAL ASSISTANCE SERVICES (MEDICAID)
-------------------------------------------------------------------------------------------------------------------
   SECTION - B: NON-NURSING HOMES

-------------------------------------------------------------------------------------------------------------------
   (07)     (08)    TOTAL UTILIZATION                                                                  * BRAND NECESSARY
  TOTAL  TOT METRIC AVG (09)   (10)            (11)          (12)                (13)                  * TOTAL  TOT METRI
  PRESC     QTY     DISP   AMOUNT PAID     AVERAGE PAID    AMOUNT CHARGED  AVERAGE CHARGED            * PRESC     QTY
-------------------------------------------------------------------------------------------------------------------
                                                                                                      *   (14)     (15)
   THERAPEUTIC CLASS :   00 (03)      GENERIC CODE:  94200  (04)                                      *
                  (05)                                  (06)                                          *
*DRUG CODE  :   08970201021   DRUG NAME :    TERUMO INSULIN SYRINGE                                   *
      99  999,999  999.999 99,999.99     99999.99       99999.99         99999.99   *                *   999999  99999
                                                                                                      *
*DRUG CODE  :   08970201031   DRUG NAME :    TERUMO INSULIN SYRINGE                                   *
      99  999,999  999.999 99,999.99     99999.99       99999.99         99999.99   *                *   999999  99999
                                                                                                      *
*DRUG CODE  :   08970210541   DRUG NAME :    SURE-DOSE                                                *
      99  999,999  999.999 99,999.99     99999.99       99999.99         99999.99   *                *   999999  99999
                                                                                                      *
         TOTALS FOR GENERIC CODE       94200   (18)                                                   *
   9,999  999,999  999.999 99,999.99     99999.99       99999.99         99999.99   *                *   999999  99999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program Code Description	Benefit Definition Plan Short Name	DE3555	
3	Therapeutic Class	Drug Therapeutic Class Generic Code	DE5037	
4	Generic Code	Drug Generic Code Number (GCN)	DE5061	
5	Drug Code	Drug Code (NDC)	DE5200	
6	Drug Name	Drug Brand Name	DE5208	
7	Total Presc	MARS Prescription by Therapeutic Class	DE6710	Total Prescriptions - The total number of prescriptions prescribed for this therapeutic class during the reported quarter.
8	Tot Metric Qty	MARS Number of Units sold by Therapeutic Class	DE6737	Tot Metric Qty - The total metric quantity prescribed for this class/code during the reported quarter.
9	Avg Disp	MARS Average Units	DE6706	Avg Qty Disp - The average quantity

		per Prescription by Drug Code		dispensed during the reported quarter (Line 6 / Line 5).
10	Amount Paid	MARS Payment by Drug Code	DE6702	Amount Paid - The total dollar amount paid for drug services reported.
11	Average Paid	MARS Average Dollars per Prescription by Therapeutic Class	DE6707	Avg Paid - The average dollar amount paid per prescription (Line 8 / Line 5).
12	Amount Charged	MARS Submitted Charges by Category of Service	DE6241	Amount Charged - The total dollar amount charged for total utilization as indicated on the original invoice.
13	Average Charged	Calculated	DE0002	Avg Charged - The average dollar amount charged (Line 10 / Line 5).
14	Total Presc	Calculated	DE0002	Total Prescriptions - The total number of prescriptions that were brand necessary or unit dose extract as indicated by either the claim or VMAP formulary.
15	Total Metric Qty	MARS Number of Units sold by Therapeutic Class	DE6737	Brand Necessary/Unit Dose Extract: Total Metric Qty - Same as Line #6 for Brand Necessary/Unit Dose Extract.
16	Avg Disp	MARS Average Units per Prescription by Drug Code	DE6706	Brand Necessary/Unit Dose Extract: Avg Qty Disp - Same as Line # 7, for Brand Necessary/Unit Dose Extract.
17	Amount Paid	MARS Payment by Drug Code	DE6702	Brand Necessary/Unit Dose Extract: Amount Paid - Same as Line #8, for Brand Necessary/Unit Dose Extract.
18	Generic Totals	Calculated	DE0002	Generic Totals - Totals for the generic drug code being reported.
19	Resident Totals	Calculated	DE0002	Resident Totals - Nursing Home/Non-Nursing Home - Totals for the report section.
22	Program Total	Calculated	DE0002	Program Total - The accumulative number of prescription drugs, amount paid, and charged, for both Nursing home and non-nursing home residents for each Benefit Program.

Output Reports MR-O-062C Drug Utilization - Nursing Home Summary

General Information

This report has 2 separate sections. Section C: This is the summary report for the Nursing Home Resident Drug Utilization Report or dispensed drug activity for nursing home residents.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Nursing Home - Non-Nursing Home Drug Usage Reporting (MRM345)
Confidential:	No
Sequence:	Therapeutic Class Generic Code
Control Breaks:	Nursing Home Non-Nursing Home

Drug Utilization - Nursing Home Summary (MR-O-062C)

MRM345 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF: MM/DD/CCCC DRUG UTILIZATION REPORT PAGE
RUN DATE: DD/YYYY HH:MM

SECTION-C: NURSING HOMES SUMMARY/ALL PROGRAMS (01 & 07)

(1) THERAPEUTIC CLASS	(2) DISPENSING FEES	(3) CO-PAYENT AMOUNT AMOUNT	(4) THIRD PARTY PAYMENT AMOUNT	(5) TOTAL PAYMENT AMOUNT
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
(6) FINAL TOTALS:	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Therapeutic Class	Drug Therapeutic Class Generic Code	DE5037	
2	Dispensing Fees	Claim Pharmacy Dispensing Fee	DE2217	
3	Co-payment Amount	Claim Medicaid Co-Payment	DE2022	
4	Third Party Payment Amount	Claim Third Party Payment	DE2018	
5	Total Payment Amount	Claim Payment Amount	DE2023	
6	Final Totals	Calculated	DE0002	The grand total amounts for all columns on the report

Output Reports MR-O-062D Drug Utilization - Non-Nursing Home Summary

General Information

This report has 2 separate sections. Section D: This is the summary report for the Non-Nursing Home Resident Drug Utilization Report or dispensed drug activity for nursing home residents.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS MARS Unit
Program:	Nursing Home - Non-Nursing Home Drug Usage Reporting (MRM345)
Confidential:	No
Sequence:	Therapeutic Class Generic Code
Control Breaks:	Nursing Home Non-Nursing Home

Drug Utilization - Non-Nursing Home Summary (MR-O-062D)

MRM345 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/CCYY DRUG UTILIZATION REPORT PAGE
RUN DATE: MM/DD/CCYY HH:MM

SECTION-D: NON-NURSING HOMES SUMMARY/ALL PROGRAMS (01 & 07)

(1) THERAPEUTIC CLASS	(2) DISPENSING FEES	(3) CO-PAYENT AMOUNT AMOUNT	(4) THIRD PARTY PAYMENT AMOUNT	(5) TOTAL PAYMENT AMOUNT
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
99999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
(6) FINAL TOTALS:	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Therapeutic Class	Drug Therapeutic Class Generic Code	DE5037	
2	Dispensing Fees	Claim Pharmacy Dispensing Fee	DE2217	
3	Co-payment Amount	Claim Medicaid Co-Payment	DE2022	
4	Third Party Payment Amount	Claim Third Party Payment	DE2018	
5	Total Payment Amount	Claim Payment Amount	DE2023	
6	Final Totals	Calculated	DE0002	The grand total amounts for all columns on the report

Output Reports MR-O-067 Subsidiary Balancing - Units Balancing

General Information

This report displays monthly, quarter-to-date, and year-to-date dollars and units within each Budget Program, Budget Sub-Program, and Object Code. Claims and financial transactions related to the Medicaid Expansion program (aid category '094') are not included in the totals reported for the Medicaid program (Budget Program '456') on this report. Data related to the Medicaid Expansion program is reported separately on this report under Budget Program Code '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Units Balancing Reporting Process (MRM311)
Confidential:	No
Sequence:	N/A
Control Breaks:	Budget Program Budget Sub-program Budget Object Code

Subsidiary Balancing - Units Balancing (MR-O-067)

```
MRM311                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
AS OF:MM/DD/CCYY                          SUBSIDIARY BALANCING REPORTS - UNITS BALANCING                      PAGE NUMB
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:        XXX (1)                 - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    XXXX (3)                - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    XXXXXX (5)              - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          ----- MONTH TO DATE  ----     ----- QUARTER TO DATE ----     ----- YEAR TO DAT
                                          UNITS       DOLLAR AMOUNT     UNITS        DOLLAR AMOUNT     UNITS        DOLL
-------------------------------------------------------------------------------------------------------------------------

ORIGINAL CLAIM PAYMENTS
  (7) REGULAR CLAIM                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
  (8) MEDICARE                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
MASS ADJUSTMENTS
  (9) NET POSITIVE                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
  (10) NET NEGATIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
OTHER ADJUSTMENTS
  (11) NET POSITIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
  (12) NET NEGATIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(13) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(14) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
(15) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
(16) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
(17) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
ADD-PAYS
  (18) COST SETTLEMENT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
  (19) OTHER                              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(20) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
(21) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(22) RECOUPMENTS                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(23) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(24) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(25) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(26) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(27) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(28) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(29) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(30) CASH RECEIPTS                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,

(31) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	SubProgram Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Original Claim Pay-ments - Regular	Calculated	DE0002	Includes all invoice types except Medi-care Crossovers, Capitation Pay-

	Claim			ments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1021-1043,

				1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
13	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067 and Transaction Type '56' is reported as credit (negative) amount.

22	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount

				on MR-O-067.
25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.
26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle.

				Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.
31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-068A Subsidiary Balancing - Danger to Health Abortions

General Information

This report provides a detailed listing of all claims processed during the month with an abortion-related service where the claim does not indicate a life-threatening condition. The detail report is divided into three sections: a section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), a separate section that includes only the Medicaid Expansion claims, and a separate section for FAMIS claims. There is also a summary section at the end of this report that totals the reported claims by Object Code (within program) and provides overall report totals for all of the claims included on this report. In order to be selected for this report, a claim must meet one of the following conditions: HCFA Claims : Procedure code is in the 'CPT ABORTION CODES' value set and Consent Flag is not equal to 'Y' (life-threatening), OR HCFA Claims : Diagnosis code is in the ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303) and Consent Flag is not equal to 'Y' (life-threatening), OR UB92 Claims : Surgical procedure code is in the ICD-9 'ICD9 ABORTION CODES' value set (119) or ICD-10 “ICD-10 ABORTION PROC CODES” value set (20119) and Condition Code is not equal to 'A7' (danger-to-life), OR UB92 Claims : Diagnosis code is in ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303) and Condition Code is not equal to 'A7' (danger-to-life).

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Abortions & Sterilizations (MRM335)
Confidential:	Yes
Sequence:	Detail: benefit program, recipient Id, billing provider nbr, and ICN. Summary: benefit program and object code.
Control Breaks:	N/A

Subsidiary Balancing - Danger to Health Abortions (MR-O-068A)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068A
AS OF: MM/DD/CCYY          SUBSIDIARY BALANCING REPORT - DANGER TO HEALTH ABORTIONS SECTION-A        PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 01 MEDICAID (1)

                                                                                  (8)      (9)                    (11)
 CLAIM (2)                  RECIPIENT     PROVIDER          (6)          (7)      DIAG     PROC          (10)     OBJECT          (12)
 TYPE        ICN (3)        NUMBER (4)    NUMBER (5)    FROM DATE    THRU DATE   CODE     CODE          UNITS    CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   999999999    MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   999999999    MM/DD/CCYY   MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Danger to Health Abortions (MR-O-068A)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068A
AS OF: MM/DD/CCYY          SUBSIDIARY BALANCING REPORT - DANGER TO HEALTH ABORTIONS SECTION-A        PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 07 FAMIS (1)

 CLAIM (2)                                                                  (8)      (9)                (11)
 TYPE        ICN (3)          RECIPIENT     PROVIDER        (6)          (7)        DIAG     PROC          (10)     OBJECT          (12)
                              NUMBER (4)    NUMBER (5)   FROM DATE    THRU DATE     CODE     CODE          UNITS    CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 ---------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
```

Subsidiary Balancing - Danger to Health Abortions (MR-O-068A)

```
MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068A
AS OF: MM/DD/CCYY              SUBSIDIARY BALANCING REPORT - DANGER TO HEALTH ABORTIONS SECTION-A          PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 09 MEDICAID EXPANSION (1)

 CLAIM (2)                 (3)          RECIPIENT      PROVIDER          (6)          (7)          (8)     (9)                (10)     (11)          (12)
 TYPE          ICN                       NUMBER (4)     NUMBER (5)    FROM DATE    THRU DATE    DIAG    PROC               UNITS    OBJECT        AMOUNT PAID
                                                                                                  CODE    CODE                        CODE
 ---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Danger to Health Abortions (MR-O-068A)

```
MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068A
AS OF: MM/DD/CCYY                 SUBSIDIARY BALANCING REPORT - DANGER TO HEALTH ABORTIONS SECTION-A        PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
                                                    OBJECT SUMMARY TOTALS
 (1)        (13)        (14)                (15)                (16)              (17)              (18)                (19)
PGM       OBJECT      CLAIM               UNITS           AMOUNT PAID       UNDUPLICATED        FUND              FUND AMOUNT
---       ------     -------             ------        ----------------     ------------      -------          -------------
01        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

01        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

01        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

01        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
01        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

07        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

07        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

07        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

09        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

09        999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX        ZZZZ,ZZZ,ZZ9.99

      (20)REPORT TOTALS:Z,ZZ9          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9          XXXX        ZZZZ,ZZZ,ZZ9.99

      (21)TOTAL FUNDS:                                                                                    ZZZZ,ZZZ,ZZ9.99
    (22) GENERAL FUNDS:                                                                                   ZZZZ,ZZZ,ZZ9.99
  (23) NON-GENERAL FUNDS:                                                                                 ZZZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This field identifies the different programs that are included on this report. There are three separate 'programs' reported on the MR-O-068A: '01 Medicaid' - Includes claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Benefit Program on the claim is equal to '01', AND the assigned Aid Category on the claim is NOT equal to '094'. '07 FAMIS' - Includes only claims data for Benefit Program '07' FAMIS. This includes only those claims where the assigned

				Benefit Program on the claim is equal to '07'. '09 Medicaid Expansion' - Includes only claims data related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Aid Category on the claim is equal to '094'.
2	Claim Type	Claim Type	DE2002	
3	ICN	Claim Request ICN	DE2001	
4	Recipient Number	Enrollee Identification Number	DE3001	
5	Provider Number	National Provider Identifier	DE4700	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Diagnosis Code	Diagnosis Code	DE5301	
9	Procedure Code	Claim Principal Procedure Code	DE2008	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Object Code	Budget Object Code	DE9843	
12	Amount Paid	Claim Payment Amount	DE2023	
13	Object Code	Budget Object Code	DE9843	
14	Claim Count	MARS Claims Processed by Claim Type	DE6230	
15	Units	Claim Number of Units/Visits/Studies	DE2009	
16	Amount Paid	Claim Payment Amount	DE2023	
17	Unduplicated Recipients	Calculated	DE0002	Unduplicated count of participating recipients by Object Code.
18	Fund Details	Budget Fund Detail Code	DE9833	
19	Fund Amount	Calculated	DE0002	Sum of Fund Details by Object Code.
20	Report Totals	Calculated	DE0002	Total counts and amounts for all programs included on this report: i.e., Medicaid, FAMIS, and Medicaid Expansion.
21	Total Funds	Calculated	DE0002	Total expenditures for reported claims = TOTAL GENERAL FUNDS + TOTAL NON-GENERAL FUNDS.

22	Total General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '01' (State).
23	Total Non-General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '10' (Federal).

Output Reports MR-O-068B Subsidiary Balancing - Danger to Life Abortions

General Information

This report provides a detailed listing of all claims processed during the month with an abortion-related service where the claim indicates a life-threatening condition. The detail report is divided into three sections: a section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), a separate section that includes only the Medicaid Expansion claims, and a separate section for FAMIS claims. There is also a summary section at the end of this report that totals the reported claims by Object Code (within program) and provides overall report totals for all of the claims included on this report. In order to be selected for this report, a claim must meet one of the following conditions: HCFA Claims : Procedure code is in the 'CPT ABORTION CODES' value set and Consent Flag is equal to 'Y' (life-threatening), OR HCFA Claims : Diagnosis code is in the ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303) and Consent Flag is equal to 'Y' (life-threatening), OR UB92 Claims : Surgical procedure code is in the ICD-9 'ICD9 ABORTION CODES' value set (119) or ICD-10 “ICD-10 ABORTION PROC CODES” value set (20119) and Condition Code is equal to 'A7' (danger-to-life), OR UB92 Claims : Diagnosis code is in ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303) and Condition Code is equal to 'A7' (danger-to-life).

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Abortions & Sterilizations (MRM335)
Confidential:	Yes
Sequence:	Detail: benefit program, recipient Id, billing provider nbr, and ICN. Summary: benefit program and object code
Control Breaks:	N/A

Subsidiary Balancing - Danger to Life Abortions (MR-O-068B)

MRM335 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-O-068
AS OF: MM/DD/CCYY SUBSIDIARY BALANCING REPORT - DANGER TO LIFE ABORTIONS SECTION-B PAGE NUMBER: ZZ,ZZ
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 01 MEDICAID (1)

CLAIM TYPE (2)	ICN (3)	RECIPIENT NUMBER (4)	PROVIDER NUMBER (5)	FROM DATE (6)	THRU DATE (7)	DIAG CODE (8)	PROC CODE (9)	UNITS (10)	OBJECT CODE (11)	AMOUNT PAI (12)
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.9
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.9

Subsidiary Balancing - Danger to Life Abortions (MR-O-068B)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068B
AS OF: MM/DD/CCYY          SUBSIDIARY BALANCING REPORT - DANGER TO LIFE ABORTIONS SECTION-B          PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 07 FAMIS (1)

 CLAIM (2)          (3)          RECIPIENT     PROVIDER        (6)          (7)        (8) DIAG  (9) PROC        (10)      (11) OBJECT        (12)
 TYPE          ICN                NUMBER (4)    NUMBER (5)    FROM DATE    THRU DATE    CODE      CODE          UNITS      CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXXX  ZZ,ZZ9    XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                            ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Danger to Life Abortions (MR-O-068B)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068B
AS OF: MM/DD/CCYY            SUBSIDIARY BALANCING REPORT - DANGER TO LIFE ABORTIONS SECTION-B         PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 09 MEDICAID EXPANSION (1)

 CLAIM (2)      (3)          RECIPIENT     PROVIDER        (6)          (7)        (8) DIAG  (9) PROC          (10)      (11) OBJECT        (12)
 TYPE          ICN           NUMBER (4)    NUMBER (5)   FROM DATE    THRU DATE     CODE      CODE           UNITS      CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9   XXXXXX  ZZZZ,ZZZ,ZZ9.9
---------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
```

Subsidiary Balancing - Danger to Life Abortions (MR-O-068B)

```
MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068B
AS OF: MM/DD/CCYY                 SUBSIDIARY BALANCING REPORT - DANGER TO LIFE ABORTIONS SECTION-B          PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
                                                   OBJECT SUMMARY TOTALS
 (1)      (13)        (14)                (15)                (16)                (17)                (18)                (19)
 PGM     OBJECT      CLAIM               UNITS           AMOUNT PAID         UNDUPLICATED        FUND                FUND AMOUNT
---      ------     -------             ------       ----------------       -----------       -------             -----------
01       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
01       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9              ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

     (20) REPORT TOTALS:Z,ZZ9          ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99          ZZZ,ZZ9          XXXX          ZZZZ,ZZZ,ZZ9.99

     (21) TOTAL FUNDS:                                                                                       ZZZZ,ZZZ,ZZ9.99
     (22) GENERAL FUNDS:                                                                                     ZZZZ,ZZZ,ZZ9.99
(23) NON-GENERAL FUNDS:                                                                                      ZZZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This field identifies the different programs that are included on this report. There are three separate 'programs' reported on the MR-O-068B: '01 Medicaid' - Includes claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Benefit Program on the claim is equal to '01', AND the assigned Aid Category on the claim is NOT equal to '094'. '07 FAMIS' - Includes only claims data for Benefit

				Program '07' FAMIS. This includes only those claims where the assigned Benefit Program on the claim is equal to '07'. '09 Medicaid Expansion' - Includes only claims data related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Aid Category on the claim is equal to '094'.
2	Claim Type	Claim Type	DE2002	
3	ICN	Claim Request ICN	DE2001	
4	Recipient Number	Enrollee Identification Number	DE3001	
5	Provider Number	National Provider Identifier	DE4700	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Diagnosis Code	Diagnosis Code	DE5301	
9	Procedure Code	Claim Principal Procedure Code	DE2008	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Object Code	Budget Object Code	DE9843	
12	Amount Paid	Claim Payment Amount	DE2023	
13	Object Code	Budget Object Code	DE9843	
14	Claim Count	MARS Claims Processed by Claim Type	DE6230	
15	Units	Claim Number of Units/Visits/Studies	DE2009	
16	Amount Paid	Claim Payment Amount	DE2023	
17	Unduplicated Recipients	Calculated	DE0002	Unduplicated count of participating recipients by Object Code.
18	Fund Details	Budget Fund Detail Code	DE9833	
19	Fund Amount	Calculated	DE0002	Sum of Fund Details by Object Code.
20	Report Totals	Calculated	DE0002	Total counts and amounts for all programs included on this report: i.e., Medicaid, FAMIS, and Medicaid Expansion.
21	Total Funds	MARS Claims Processed by Claim Type	DE6230	Total expenditures for reported claims = TOTAL GENERAL FUNDS +

				TOTAL NON-GENERAL FUNDS.
22	Total General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '01' (State).
23	Total Non-General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '10' (Federal).

Output Reports MR-O-068C Subsidiary Balancing - Danger to Health/Life Summary Totals

General Information

This report provides a summary by object code of all claims processed during the month with an abortion-related service. The summary includes totals for the all of the reported claims by each Object Code (within program), and it provides overall report totals for all of the claims included on the abortion reports (MR-O-068A and MR-O-068B). In order to be selected for this report, a claim must meet one of the following conditions: HCFA Claims: Procedure code is in the 'CPT ABORTION CODES' value set, OR HCFA Claims: Diagnosis code is in the ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303), OR UB92 Claims: Surgical procedure code is in the ICD-9 'ICD9 ABORTION CODES' value set (119) or ICD-10 “ICD-10 ABORTION PROC CODES” value set (20119), OR UB92 Claims: Diagnosis code is in ICD-9 'DIAG ABORTION CODES' value set (303) or ICD-10 “ICD-10 DIAG ABORTION CODES” value set (20303).

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Abortions & Sterilizations (MRM335)
Confidential:	No
Sequence:	Benefit program and object code.
Control Breaks:	N/A

Subsidiary Balancing - Danger to Health/Life Summary Totals (MR-O-068C)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-068C
AS OF: MM/DD/CCYY      SUBSIDIARY BALANCING REPORT - DANGER TO HEALTH/LIFE ABORTIONS SUMMARY SECTION-C   PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
                                                OBJECT SUMMARY TOTALS
 (1)      (2)        (3)                 (4)                (5)              (6)                (7)                (8)
PGM      OBJECT     CLAIM               UNITS          AMOUNT PAID      UNDUPLICATED       FUND               FUND AMOUNT
---      CODE       COUNT                                                 RECIPIENTS         DETAILS
---      ------    -------             ------        ----------------   -----------        -------            -----------
01       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
01       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                             XXXX          ZZZZ,ZZZ,ZZ9.99

     (9) REPORT TOTALS:Z,ZZ9             ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99

      (10) TOTAL FUNDS:                                                                                        ZZZZ,ZZZ,ZZ9.99
    (11) GENERAL FUNDS:                                                                                        ZZZZ,ZZZ,ZZ9.99
(12) NON-GENERAL FUNDS:                                                                                        ZZZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This field identifies the different programs that are included on this report. There are three separate 'programs' reported on the MR-O-068C: '01 Medicaid' - Includes claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Benefit Program on the claim is equal to '01', AND the assigned Aid Category on the claim is NOT equal to '094'. '07 FAMIS' - Includes only claims data for Benefit Program '07' FAMIS. This includes only those claims where the assigned Benefit Program on the claim is equal to '07'. '09 Medicaid Expansion' -

				Includes only claims data related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Aid Category on the claim is equal to '094'.
2	Object Code	Budget Object Code	DE9843	
3	Count Total	MARS Claims Processed by Claim Type	DE6230	
4	Units	Claim Number of Units/Visits/Studies	DE2009	
5	Amount Paid	Claim Payment Amount	DE2023	
6	Unduplicated Recipients	Calculated	DE0002	Unduplicated count of participating recipients by Object Code.
7	Fund Details	Budget Fund Detail Code	DE9833	
8	Fund Amount	Calculated	DE0002	Sum of Fund Details by Object Code.
9	Report Totals	Calculated	DE0002	Total counts and amounts for all programs included on this report: i.e., Medicaid, FAMIS, and Medicaid Expansion.
10	Total Funds	MARS Claims Processed by Claim Type	DE6230	Total expenditures for reported claims = TOTAL GENERAL FUNDS + TOTAL NON-GENERAL FUNDS.
11	Total General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '01' (State).
12	Total Non-General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '10' (Federal).

Output Reports MR-O-069A Subsidiary Balancing - Sterilizations Related to Family Planning

General Information

This report provides a detailed listing of all claims processed during the month with a sterilization-related service where the claim also indicates family-planning. The detail report is divided into three sections: a section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), a separate section that includes only the Medicaid Expansion claims, and a separate section for FAMIS claims. There is also a summary section at the end of this report that totals the reported claims by Object Code (within program) and provides overall report totals for all of the claims included on this report. In order to be selected for this report, a claim must meet one of the following conditions: HCFA Claims : Procedure code is in the 'CPT STERILIZATION CODES' value set and Family Planning Indicator is equal to 'Y', OR HCFA Claims : Diagnosis code is in the ICD-9 'DIAG STERILIZATION CODES' value set (279) or ICD-10 “ICD-10 STERILIZATION DIAGS” value set (20279) and Family Planning Indicator is equal to 'Y', OR UB92 Claims : Surgical procedure code is in the ICD-9 'ICD9 STERILIZATION CODES' value set (117) or ICD-10 “ICD-10 STERILIZATION CODES” value set (20117) and Condition Code is equal to 'A4' (Family Planning), OR UB92 Claims : Diagnosis code is in ICD-9 'DIAG STERILIZATION CODES' value set (279) or ICD-10 “ICD-10 STERILIZATION DIAGS” value set (20279) and Condition Code is not equal to 'A4' (Family Planning).

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Abortions & Sterilizations (MRM335)
Confidential:	No
Sequence:	Detail: benefit program, recipient Id, billing provider nbr, and ICN. Summary: benefit program and object Code.
Control Breaks:	N/A

Subsidiary Balancing - Sterilizations Related to Family Planning (MR-O-069A)

MRM335 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-O-069A
AS OF: MM/DD/CCYY SECTION-A: STERILIZATION RELATED TO FAMILY PLANNING PAGE NUMBER: ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 01 MEDICAID (1)

CLAIM TYPE (2)	ICN (3)	RECIPIENT NUMBER (4)	PROVIDER NUMBER (5)	FROM DATE (6)	THRU DATE (7)	DIAG CODE (8)	PROC CODE (9)	UNITS (10)	OBJECT CODE (11)	AMOUNT PAID (12)
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99

Subsidiary Balancing - Sterilizations Related to Family Planning (MR-O-069A)

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MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-069A
AS OF: MM/DD/CCYY                    SECTION-A: STERILIZATION RELATED TO FAMILY PLANNING                    PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCY(1)HH:MM
PROGRAM: 07 FAMIS
                                                                                  (8)      (9)                    (11)
   (2)          (3)                                   (6)          (7)                                  (10)                (12)
 CLAIM                    RECIPIEN(4)    PROVIDE(5)                                DIAG     PROC                     OBJECT
 TYPE        ICN          NUMBER         NUMBER       FROM DATE    THRU DATE      CODE     CODE          UNITS      CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99
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 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99

---------------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
 XX   CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY    XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                          ZZ,ZZ9            ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Sterilizations Related to Family Planning (MR-O-069A)

MRM335 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-O-069A
AS OF: MM/DD/CCYY SECTION-A: STERILIZATION RELATED TO FAMILY PLANNING PAGE NUMBER: ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: 09 MEDICAID EXPANSION (1)

CLAIM TYPE (2)	ICN (3)	RECIPIENT NUMBER (4)	PROVIDER NUMBER (5)	FROM DATE (6)	THRU DATE (7)	DIAG CODE (8)	PROC CODE (9)	UNITS (10)	OBJECT CODE (11)	AMOUNT PAID (12)
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99

Subsidiary Balancing - Sterilizations Related to Family Planning (MR-O-069A)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-069A
AS OF: MM/DD/CCYY              SECTION-A: STERILIZATION RELATED TO FAMILY PLANNING                    PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
                                                OBJECT SUMMARY TOTALS
 (1)      (13)        (14)                 (15)                (16)          (17)                (18)                (19)
 PGM     OBJECT      CLAIM                UNITS            AMOUNT PAID    UNDUPLICATED          FUND              FUND AMOUNT
---      ------     -------              ------        ----------------   ------------        -------            -------------
01       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
01       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09       999999      Z,ZZ9               ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

     (20) REPORT TOTALS:Z,ZZ9           ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99       ZZZ,ZZ9            XXXX          ZZZZ,ZZZ,ZZ9.99

     (21) TOTAL FUNDS:                                                                                        ZZZZ,ZZZ,ZZ9.99
  (22) GENERAL FUNDS:                                                                                         ZZZZ,ZZZ,ZZ9.99
(23) NON-GENERAL FUNDS:                                                                                       ZZZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This field identifies the different programs that are included on this report. There are three separate 'programs' reported on the MR-O-069A: '01 Medicaid' - Includes claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Benefit Program on the claim is equal to '01', AND the assigned Aid Category on the claim is NOT equal to '094'. '07 FAMIS' - Includes only claims data for Benefit

				Program '07' FAMIS. This includes only those claims where the assigned Benefit Program on the claim is equal to '07'. '09 Medicaid Expansion' - Includes only claims data related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Aid Category on the claim is equal to '094'.
2	Claim Type	Claim Type	DE2002	
3	ICN	Claim Request ICN	DE2001	
4	Recipient Number	Enrollee Identification Number	DE3001	
5	Provider Number	National Provider Identifier	DE4700	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Diagnosis Code	Diagnosis Code	DE5301	
9	Procedure Code	Claim Principal Procedure Code	DE2008	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Object Code	Budget Object Code	DE9843	
12	Amount Paid	Claim Payment Amount	DE2023	
13	Object Code	Budget Object Code	DE9843	
14	Claim Count	MARS Claims Processed by Claim Type	DE6230	
15	Units	Claim Number of Units/Visits/Studies	DE2009	
16	Amount Paid	Claim Payment Amount	DE2023	
17	Unduplicated Recipients	Calculated	DE0002	Unduplicated count of participating recipients by Object Code.
18	Fund Details	Budget Fund Detail Code	DE9833	
19	Fund Amount	Calculated	DE0002	Sum of Fund Details by Object Code.
20	Report Totals	Calculated	DE0002	Total counts and amounts for all programs included on this report: i.e., Medicaid, FAMIS, and Medicaid Expansion.
21	Total Funds	MARS Claims Processed by Claim Type	DE6230	Total expenditures for reported claims = TOTAL GENERAL FUNDS +

				TOTAL NON-GENERAL FUNDS.
22	Total General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '01' (State).
23	Total Non-General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '10' (Federal).

Output Reports MR-O-069B Subsidiary Balancing - Non-Sterilizations Related to Family Planning

General Information

This report provides a detailed listing of all claims processed during the month without a sterilization-related service where the claim indicates family-planning. The detail report is divided into three sections: a section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), a separate section that includes only the Medicaid Expansion claims, and a separate section for FAMIS claims. There is also a summary section at the end of this report that totals the reported claims by Object Code (within program) and provides overall report totals for all of the claims included on this report. In order to be selected for this report, a claim must meet the following conditions: HCFA Claims: Procedure Code is not in the 'CPT STERILIZATION CODES' value set and Diagnosis Code is not in the ICD-9 'DIAG STERILIZATION CODES' value set (279) or ICD-10 “ICD-10 STERILIZATION DIAGS” value set (20279) and Family Planning Indicator is equal to 'Y'; OR UB92 Claims: Surgical Procedure Code is not in the ICD-9 'ICD9 STERILIZATION CODES' value set (117) or ICD-10 “ICD-10 STERILIZATION CODES” value set (20117) and Diagnosis Code is not in ICD-9 'DIAG STERILIZATION CODES' value set (279) or ICD-10 “ICD-10 STERILIZATION DIAGS” value set (20279) and Condition Code is equal to 'A4' (Family Planning); OR DRUG claims: Standard Therapeutic Class is equal to '036' or '063'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Abortions & Sterilizations (MRM335)
Confidential:	No
Sequence:	Detail: benefit program, recipient Id, billing provider nbr, and ICN. Summary: benefit program and object code.
Control Breaks:	Detail: Program (Medicaid, FAMIS, Medicaid Expansion), Claim Type, Object Code Summary: None

Subsidiary Balancing - Non-Sterilizations Related to Family Planning (MR-O-069B)

```
MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-069B
AS OF: MM/DD/CCYY                   SECTION-B: NON-STERILIZATION RELATED TO FAMILY PLANNING                 PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
(1) PROGRAM: 01 MEDICAID

 CLAIM (2)                  (3)          RECIPIENT      PROVIDER        (6)          (7)        (8)    (9)                (10)    (11)          (12)
 TYPE          ICN                       NUMBER (4)     NUMBER (5)   FROM DATE    THRU DATE   DIAG   PROC               UNITS   OBJECT        AMOUNT PAID
                                                                                                CODE   CODE                       CODE
 ---------------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.99
---------------------------------------------------------------------------------------------------------------------------------------------------------
  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Non-Sterilizations Related to Family Planning (MR-O-069B)

```
MRM335                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: MR-O-069B
AS OF: MM/DD/CCYY             SECTION-B: NON-STERILIZATION RELATED TO FAMILY PLANNING             PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
(1) PROGRAM: 01 MEDICAID

 CLAIM (2)        (3)          RECIPIENT     PROVIDER        (6)          (7)        (8) DIAG   (9) PROC          (10)     (11) OBJECT        (12)
 TYPE          ICN             NUMBER (4)    NUMBER (5)   FROM DATE    THRU DATE     CODE       CODE           UNITS      CODE        AMOUNT PAID
 ---------------------------------------------------------------------------------------------------------------------------------------------------
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
 XX    CCYYJJJMSSSSSSLL    XXXXXXXXXXXX    1234567890    MM/DD/CCYY  MM/DD/CCYY   XXXXXXX XXXXXXXXXXX  ZZ,ZZ9    XXXXXX   ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                                ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Non-Sterilizations Related to Family Planning (MR-O-069B)

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MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-069B
AS OF: MM/DD/CCYY                   SECTION-B: NON-STERILIZATION RELATED TO FAMILY PLANNING                 PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
(1) PROGRAM: 07 FAMIS

 CLAIM (2)          (3)          RECIPIENT     PROVIDER        (6)          (7)        (8)    (9)              (10)    (11)      (12)
 TYPE        ICN                 NUMBER (4)    NUMBER (5)   FROM DATE    THRU DATE   DIAG   PROC             UNITS   OBJECT    AMOUNT PAID
                                                                                      CODE   CODE                     CODE
 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

 ---------------------------------------------------------------------------------------------------------------------------------------
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99

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 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
 XX   CCYYJJJMSSSSSSLL   XXXXXXXXXXXX   1234567890   MM/DD/CCYY  MM/DD/CCYY  XXXXXX XXXXXXXXXXX  ZZ,ZZ9  XXXXXX  ZZZZ,ZZZ,ZZ9.9
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  CLAIM/OBJECT TOTALS: ZZZ9                                                                       ZZ,ZZ9          ZZZZ,ZZZ,ZZ9.99
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Subsidiary Balancing - Non-Sterilizations Related to Family Planning (MR-O-069B)

MRM335 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-O-069B
AS OF: MM/DD/CCYY SECTION-B: NON-STERILIZATION RELATED TO FAMILY PLANNING PAGE NUMBER: ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
(1) PROGRAM: 09 MEDICAID EXPANSION

CLAIM TYPE (2)	ICN (3)	RECIPIENT NUMBER (4)	PROVIDER NUMBER (5)	FROM DATE (6)	THRU DATE (7)	DIAG CODE (8)	PROC CODE (9)	UNITS (10)	OBJECT CODE (11)	AMOUNT PAID (12)
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XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
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XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
XX	CCYYJJJMSSSSSSLL	XXXXXXXXXXXX	1234567890	MM/DD/CCYY	MM/DD/CCYY	XXXXXXX	XXXXXXXXXXX	ZZ,ZZ9	XXXXXX	ZZZZ,ZZZ,ZZ9.99
CLAIM/OBJECT TOTALS: ZZZ9								ZZ,ZZ9		ZZZZ,ZZZ,ZZ9.99

Subsidiary Balancing - Non-Sterilizations Related to Family Planning (MR-O-069B)

```
MRM335                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-069B
AS OF: MM/DD/CCYY                   SECTION-B: NON-STERILIZATION RELATED TO FAMILY PLANNING                 PAGE NUMBER:  ZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM
                                                    OBJECT SUMMARY TOTALS
                (13)              (14)                (15)                (16)                (17)                (18)                (19)
             OBJECT            CLAIM                UNITS            AMOUNT PAID        UNDUPLICATED           FUND            FUND AMOUNT
(1) PGM       CODE             COUNT                                                     RECIPIENTS           DETAILS
---          ------           -------             ------          ----------------      -----------          -------         -----------
01           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

01           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
01           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

07           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

09           999999             Z,ZZ9              ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99
                                                                                                                XXXX          ZZZZ,ZZZ,ZZ9.99

        (20) REPORT TOTALS:Z,ZZ9                     ZZ,ZZ9           ZZZZ,ZZZ,ZZ9.99        ZZZ,ZZ9              XXXX          ZZZZ,ZZZ,ZZ9.99

          (21) TOTAL FUNDS:                                                                                                   ZZZZ,ZZZ,ZZ9.99
       (22) GENERAL FUNDS:                                                                                                    ZZZZ,ZZZ,ZZ9.99
   (23) NON-GENERAL FUNDS:                                                                                                    ZZZZ,ZZZ,ZZ9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This field identifies the different programs that are included on this report. There are three separate 'programs' reported on the MR-O-069B: '01 Medicaid' - Includes claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Benefit Program on the claim is equal to '01', AND the assigned Aid Category on the claim is NOT equal to '094'. '07 FAMIS' -

				Includes only claims data for Benefit Program '07' FAMIS. This includes only those claims where the assigned Benefit Program on the claim is equal to '07'. '09 Medicaid Expansion' - Includes only claims data related to the Medicaid Expansion program (Aid Category '094'). This includes only those claims where the assigned Aid Category on the claim is equal to '094'.
2	Claim Type	Claim Type	DE2002	
3	ICN	Claim Request ICN	DE2001	
4	Recipient Number	Enrollee Identification Number	DE3001	
5	Provider Number	National Provider Identifier	DE4700	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Diagnosis Code	Diagnosis Code	DE5301	
9	Procedure Code	Claim Principal Procedure Code	DE2008	
10	Units	Claim Number of Units/Visits/Studies	DE2009	
11	Object Code	Budget Object Code	DE9843	
12	Amount Paid	Claim Payment Amount	DE2023	
13	Object Code	Budget Object Code	DE9843	
14	Claim Count	MARS Claims Processed by Claim Type	DE6230	
15	Units	Claim Number of Units/Visits/Studies	DE2009	
16	Amount Paid	Claim Payment Amount	DE2023	
17	Unduplicated Recipients	Calculated	DE0002	Unduplicated count of participating recipients by Object Code.
18	Fund Details	Budget Fund Detail Code	DE9833	
19	Fund Amount	Calculated	DE0002	Sum of Fund Details by Object Code.
20	Report Totals	Calculated	DE0002	Total counts and amounts for all programs included on this report: i.e., Medicaid, FAMIS, and Medicaid Expansion.
21	Total Funds	Calculated	DE0002	Total expenditures for reported claims

				= TOTAL GENERAL FUNDS + TOTAL NON-GENERAL FUNDS.
22	Total General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '01' (State).
23	Total Non-General Funds	Calculated	DE0002	Total expenditures for Budget Fund Code '10' (Federal).

Output Reports MR-O-072A Subsidiary Balancing - Aids Waiver Recipients

General Information

This is the Subsidiary Balancing report for Aids Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in the AIDS Waiver program, at the Program, Sub-program, and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Claim Credit/Recoupment Reversals, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Financial Credit Reversals, Financial Offsets, Recoupments, Net System Payout, Negative Balance Increase, Advanced Payments, Remittance Amount, Manual Issued Checks, Voids Processed, Net Expenditures (To CARS), Cash Receipts, and Net MARS Expenditures.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Aids Waiver Recipients (MR-O-072A)

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MRM312                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999          SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR AIDS WAIVER RECIPIENTS SECTION A:     PAGE NUMBE
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLL
-------------------------------------------------------------------------------------------------------------------------

(7) UNIQUE RECIPIENTS                     ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
-------------------------------------------------------------------------------------------------------------------------
    ORIGINAL CLAIM PAYMENTS
    (8) REGULAR CLAIM                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (9) MEDICARE                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    MASS ADJUSTMENTS
    (10) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (11) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (13) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    ADD-PAYS
    (19) COST SETTLEMENT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (20) OTHER                            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
-------------------------------------------------------------------------------------------------------------------------
(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
-------------------------------------------------------------------------------------------------------------------------
(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
-------------------------------------------------------------------------------------------------------------------------
(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
-------------------------------------------------------------------------------------------------------------------------
(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-plicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim pay-

				ment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.

26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount. Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjust-

				ment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072B Subsidiary Balancing - MR Mental Health Waiver Recipients

General Information

This is the Subsidiary Balancing report for MR-Mental Health Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in the Mental Health Waiver program, at the Program, Sub-program, and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - MR Mental Health Waiver Recipients (MR-O-072B)

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MRM312                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR
AS OF:99/99/9999     SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR MR MENTAL HEALTH WAIVER RECIPS SECTION B: PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                         -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                             UNITS    DOLLAR AMOUNT       UNITS     DOLLAR AMOUNT       UNITS     DOLLAR
-------------------------------------------------------------------------------------------------------------------------

(7) UNIQUE RECIPIENTS                    ZZ,ZZZ,ZZ9-                   ZZ,ZZZ,ZZ9-                   ZZ,ZZZ,ZZ9-
-------------------------------------------------------------------------------------------------------------------------
    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    (9)  MEDICARE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    MASS ADJUSTMENTS
    (10) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    (11) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    (13) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(14) CLAIM CREDIT/RECOUPMENT REVERSALS   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(15) INSURANCE PREMIUM PAYMENTS          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
(16) CAPITATION PAYMENTS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
(17) MANAGEMENT/ADMIN FEES               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
(18) ENHANCED DSH - HOSPITAL             ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    ADD-PAYS
    (19) COST SETTLEMENT                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
    (20) OTHER                           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(21) FINANCIAL CREDIT REVERSALS          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
(22) FINANCIAL OFFSETS                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(23) RECOUPMENTS                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
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(24) NET SYSTEM PAYOUT                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(25) NEGATIVE BALANCE INCREASE           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(26) ADVANCED PAYMENTS                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
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(27) REMITTANCE AMOUNT                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(28) MANUAL ISSUED CHECKS                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(29) VOIDS PROCESSED                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
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(30) NET EXPENDITURES (TO CARS)          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ

(31) CASH RECEIPTS                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
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(32) NET MARS EXPENDITURES               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub Program [Description]	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Unduplicated Count of Recipients	DE6964	Unique Recipient Count

8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ?1?. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’

				and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment

				requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle

				based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.
26	Advanced Payments	Calculated	DE0002	These are advance payments made

				to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28'

				(Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072C Subsidiary Balancing - Technology Assisted Waiver Recipients

General Information

This is the Subsidiary Balancing report for Technology Assisted Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in the Technology Assisted Waiver program, at the Program, Sub-program, and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Technology Assisted Waiver Recipients (MR-O-072C)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: M
AS OF:99/99/9999     SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR TECH ASSISTED WAIVER RECIPS SECTION C:    PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                         -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                             UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLLAR
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(7) UNIQUE RECIPIENTS                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
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    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (9)  MEDICARE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    MASS ADJUSTMENTS
    (10) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (11) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (13) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(14) CLAIM CREDIT/RECOUPMENT REVERSALS   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(15) INSURANCE PREMIUM PAYMENTS          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(16) CAPITATION PAYMENTS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(17) MANAGEMENT/ADMIN FEES               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(18) ENHANCED DSH - HOSPITAL             ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    ADD-PAYS
    (19) COST SETTLEMENT                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (20) OTHER                           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(21) FINANCIAL CREDIT REVERSALS          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(22) FINANCIAL OFFSETS                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(23) RECOUPMENTS                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(24) NET SYSTEM PAYOUT                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(25) NEGATIVE BALANCE INCREASE           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(26) ADVANCED PAYMENTS                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(27) REMITTANCE AMOUNT                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(28) MANUAL ISSUED CHECKS                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(29) VOIDS PROCESSED                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(30) NET EXPENDITURES (TO CARS)          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(31) CASH RECEIPTS                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(32) NET MARS EXPENDITURES               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-	DE6964	Unique Recipient Count

		plicated Count of Recipients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount.
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-

				1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
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16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes

				all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances. This field is used when the payee’s existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type ‘10’ (Adjustment Reason ‘9997’). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee’s current negative balance (DB). This field is used to reflect the amount used to increase the payee’s negative balance based on the recoupment recovery amounts that could not be applied in the current pay-

				ment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason ‘9999’). Reported as debit (positive) amount.
26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the

				Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072D Subsidiary Balancing - IFDDS Waiver Recipients

General Information

This is the Subsidiary Balancing report for IFDDS Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in IFDDS Waiver program, at the Program, Sub-program and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - IFDDS Waiver Recipients (MR-O-072D)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999          SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR IFDDS WAIVER RECIPIENTS SECTION D:    PAGE NUMBE
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----    ----- QUARTER TO DATE -----    -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLL
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(7)  UNIQUE RECIPIENTS                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
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     ORIGINAL CLAIM PAYMENTS
(8)    REGULAR CLAIM                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(9)    MEDICARE                           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
     MASS ADJUSTMENTS
(10)   NET POSITIVE                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(11)   NET NEGATIVE                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
     OTHER ADJUSTMENTS
(12)   NET POSITIVE                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(13)   NET NEGATIVE                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
     ADD-PAYS
(19)   COST SETTLEMENT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(20)   OTHER                              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-plicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim pay-

				ment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.

26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjust-

				ment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072E Subsidiary Balancing - Elderly & Disabled Waiver Recipients

General Information

This is the Subsidiary Balancing report for the Elderly and Disabled Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in the Elderly and Disabled Waiver program, at the Program, Sub-program, and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Elderly & Disabled Waiver Recipients (MR-O-072E)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                       REPORT NO: M
AS OF:99/99/9999     SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR ELDERLY & DISABLED WAIVR RECIP SECTION E: PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

PROGRAM:        999(1)                     - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                   - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999(5)                  - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS    DOLLAR AMOUNT        UNITS     DOLLAR
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(7)  UNIQUE RECIPIENTS                    ZZ,ZZZ,ZZ9-                   ZZ,ZZZ,ZZ9-                   ZZ,ZZZ,ZZ9-
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     ORIGINAL CLAIM PAYMENTS
     (8)  REGULAR CLAIM                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     (9)  MEDICARE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     MASS ADJUSTMENTS
     (10) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     (11) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     OTHER ADJUSTMENTS
     (12) NET POSITIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     (13) NET NEGATIVE                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     ADD-PAYS
     (19) COST SETTLEMENT                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
     (20) OTHER                           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Unduplicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ?1?. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim pay-

				ment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.

26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjust-

				ment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072F Subsidiary Balancing - CDPAS Waiver Recipients

General Information

This is the Subsidiary Balancing report for the Consumer-Directed Personal Attendant Services (CD-PAS) Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in CD-PAS Waiver program, at the Program, Sub-program, and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - CDPAS Waiver Recipients (MR-O-072F)

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MRM312                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: M
AS OF:99/99/9999          SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR CD-PAS WAIVER RECIPIENTS SECTION F:   PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                      ----- MONTH TO DATE -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                          UNITS    DOLLAR AMOUNT       UNITS     DOLLAR AMOUNT        UNITS     DOLLAR
-----------------------------------------------------------------------------------------------------------------------
(7) UNIQUE RECIPIENTS                   ZZ,ZZZ,ZZ9-                  ZZ,ZZZ,ZZ9-                  ZZ,ZZZ,ZZ9-
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    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (9)  MEDICARE                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    MASS ADJUSTMENTS
    (10) NET POSITIVE                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (11) NET NEGATIVE                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (13) NET NEGATIVE                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(14) CLAIM CREDIT/RECOUPMENT REVERSALS  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(15) INSURANCE PREMIUM PAYMENTS         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(16) CAPITATION PAYMENTS                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(17) MANAGEMENT/ADMIN FEES              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(18) ENHANCED DSH - HOSPITAL            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    ADD-PAYS
    (19) COST SETTLEMENT                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
    (20) OTHER                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(21) FINANCIAL CREDIT REVERSALS         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
(22) FINANCIAL OFFSETS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(23) RECOUPMENTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(24) NET SYSTEM PAYOUT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(25) NEGATIVE BALANCE INCREASE          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(26) ADVANCED PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(27) REMITTANCE AMOUNT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(28) MANUAL ISSUED CHECKS               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(29) VOIDS PROCESSED                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(30) NET EXPENDITURES (TO CARS)         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z

(31) CASH RECEIPTS                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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(32) NET MARS EXPENDITURES              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,Z
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program Code	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-plicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ?1?. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim pay-

				ment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.

26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjust-

				ment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072H Subsidiary Balancing - Family Planning Waiver Recipients

General Information

This is the Subsidiary Balancing report for the Family Planning waiver, which reports units, payments, and participating recipient counts for monthly, quarter-to-date, and year- to-date periods (for State fiscal year). This report contains only those claims paid under the Family Planning Waiver (aid category 080). Financial transactions are not included on this report. Only those claims with a paid status and an aid category of '080' are included on this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Family Planning Waiver Recipients (MR-O-072H)

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MRM312                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999          SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR FAMILY PLANNING RECIP SECTION H:   PAGE NUMBER
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----    ----- QUARTER TO DATE -----    -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLLA
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(7) UNIQUE RECIPIENTS                     ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
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    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (9)  MEDICARE                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    MASS ADJUSTMENTS
    (10) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (11) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (13) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    ADD-PAYS
    (19) COST SETTLEMENT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (20) OTHER                            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Unduplicated Count of Recipients	DE6964	Unique Recipient Count

8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’

				and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment

				requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle

				based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.
26	Advanced Payments	Calculated	DE0002	These are advance payments made

				to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28'

				(Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072I Subsidiary Balancing - Day Support Waiver Services

General Information

This is the Subsidiary Balancing report for Day Support Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in Day Support Waiver program, at the Program, Sub-program and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Day Support Waiver Services (MR-O-072I)

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MRM312                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999       SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR DAY SUPPORT WAIVER SERVICES SECTION I:  PAGE NUMBE
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLL
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(7) UNIQUE RECIPIENTS                     ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
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    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (9)  MEDICARE                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    MASS ADJUSTMENTS
    (10) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (11) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (13) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    ADD-PAYS
    (19) COST SETTLEMENT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
    (20) OTHER                            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-plicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debit (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim pay-

				ment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount.
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement+ Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.

26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount . Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjust-

				ment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts.
32	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072J Subsidiary Balancing - Alzheimer Waiver

General Information

This is the Subsidiary Balancing report for Day Support Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in Alzheimer Waiver program, at the Program, Sub-program and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Budget Object Code
Control Breaks:	Budget Program Code Budget Sub-Program Code Budget Object Code

Subsidiary Balancing - Alzheimer Waiver (MR-O-072J)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999        SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR ALZHEIMER WAIVER SERVICES SECTION J:  PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEAR TO DATE
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS     DOLLA
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(7) UNIQUE RECIPIENTS                     ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-                    ZZ,ZZZ,ZZ9-
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    ORIGINAL CLAIM PAYMENTS
    (8)  REGULAR CLAIM                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (9)  MEDICARE                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    MASS ADJUSTMENTS
    (10) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (11) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    OTHER ADJUSTMENTS
    (12) NET POSITIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (13) NET NEGATIVE                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(14) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(15) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(16) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(17) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(18) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    ADD-PAYS
    (19) COST SETTLEMENT                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
    (20) OTHER                            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(21) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
(22) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(23) RECOUPMENTS                          ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(24) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(25) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(26) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(27) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(28) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(29) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(30) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,

(31) CASH RECEIPTS                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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(32) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Descrip-tion	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Undu-plicated Count of Recip-	DE6964	Unique Recipient Count

		ients		
8	Original Claim Payments - Regular Claims	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debt (positive) amount.
9	Original Claim Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount.
10	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
11	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as a credit (negative) amount.
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim

				Modifier '2' and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount.
13	Other Adjustments - Net Negative	MARS Total Adjustment Amount	DE6606	These are specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4' and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300 ,8326, 8500-8517). Reported as credit (negative) amount.
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any claims with Claim Modifier '3' or '4' or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount.
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1, and QI2. Includes all financial transactions with Transaction Type '29' (adjustment reasons 9200-9204). Reported as debit (positive) amount.
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	These are captivated payments paid for recipients who belong to managed care or HMO group. Includes all claim payment requests with Invoice Type '15' and Claim Modifier '1'. Reported as debit (positive) amount.
17	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment

				requests with Invoice Type '16' or '17', and Claim Modifier '1'. Reported as debit (positive) amount.
18	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb for indigent care. Includes all financial transactions with Transaction Type '49' (Adjustment Reason 9400). Reported as debit (positive amount).
19	Add-Pays - Cost Settlement	Calculated	DE0002	These are payments to payees based on the cost settlement process. Includes all financial transaction with Transaction Type '19' (Adjustment Reasons 9100-9128). Reported as debit (positive) amount.
20	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type '09' (Adjustment Reason 9001-9094). Reported as debit (positive) amount.
21	Financial Credit Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (adjustment Reason 6200-6204). Reported as credit (negative) amount.
22	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type '46' (Adjustment Reason 6500), or Transaction Type '56' (Adjustment Reason 6500). Transaction Type '46' is reported as debit (positive) amount, and Transaction Type '56' is reported as credit (negative) amount.
23	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances.

				This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount.
24	Net System Payout	Calculated	DE0002	Net System Payout The sum of all accumulated expenditures previously listed on this report. Net System Payout = Original Payments + Mass Adjustments + Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Management and Admin Fees + Enhanced DSH + Add-Pay Cost Settlement + Add-Pay Other + Financial Credit Reversals + Recoupments
25	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount.
26	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remit-

				tance Advice Application. Includes all financial transactions with Transaction Type '39' (Adjustment Reason '9300'). Reported as debit (positive) amount.
27	Remittance Amount	Calculated	DE0002	The total amount of monies to be remitted for the cycle month, including financial Memo Transactions to balance all disbursements for the month against the Financial monthly expenditures column of the weekly balancing report (FN-O-016) Remittance Amount = Net System Payout + Negative Balance Increase + Advanced Payments
28	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payment made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type '59' (Adjustment Reason '9500'). Reported as debit (positive) amount.
29	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06'). Includes all financial transactions with Transaction Type '07' (Adjustment Reason '7000'). Reported as credit (negative) amount.
30	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures The total amount expended for the current processing month. This amount is posted to the Budget Master expenditure amount. Net Expenditures = Remittance Amount + Manual Issued Checks + Voids Processed
31	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type '08' (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All

				Cash Receipts transactions are reported as credit (negative) amounts.
32	Net Mars Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts

Output Reports MR-O-072K Subsidiary Balancing - Childrens Mental Health Waiver

General Information

This is the Subsidiary Balancing report for Children's Mental Health Waiver. This report is produced to report Month-to-Date and Year- to-Date dollar amounts for Recipient type transactions in Children's Mental Health Waiver program, at the Program, Sub-program and Object-Code Levels. Dollar amounts are reported for the following data elements: Original Claim Payments for Regular and Medicare claims, Mass Adjustments, Other Adjustments, Insurance Premium Payments, Capitation Payments, Management and Admin Fees, Enhanced DSH, Add-Pays - Other, Add-Pays - Cost Settlement, Other System Payout Items, Recoupments, Net System Payout, Voids Processed, and Net Reimbursements.

Subsystem:	MARS
Frequency:	Monthly
Volume:	variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Subsidiary Balancing - Childrens Mental Health Waiver (MR-O-072K)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          R
AS OF:99/99/9999      SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR CHILDRENS MENTAL HEALTH WAIVER SECTION K: P
RUN DATE: 99/99/9999 99:99
PROGRAM:        999 (1)                 - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    9999 (3)                - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    999999 (5)              - *** TOTAL FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          -----  MONTH TO DATE  -----   ----- QUARTER TO DATE -----   -----  YEA
                                              UNITS    DOLLAR AMOUNT        UNITS     DOLLAR AMOUNT        UNITS
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 (7)
UNIQUE RECIPIENTS                         ZZ,ZZZ,ZZ9-                     ZZ,ZZZ,ZZ9-                     ZZ,ZZZ,ZZ9
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ORIGINAL CLAIM PAYMENTS
 (8)  REGULAR CLAIM                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
 (9)  MEDICARE                            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
MASS ADJUSTMENTS
 (10) NET POSITIVE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
 (11) NET NEGATIVE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9

OTHER ADJUSTMENTS
 (12) NET POSITIVE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
 (13) NET NEGATIVE                        ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(14)CLAIM CREDIT/RECOUPMENT REVERSALS     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(15)INSURANCE PREMIUM PAYMENTS            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(16)CAPITATION PAYMENTS                   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(17)MANAGEMENT/ADMIN FEES                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(18)ENHANCED DSH - HOSPITAL               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
ADD-PAYS
 (19) COST SETTLEMENT                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
 (20) OTHER                               ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(21)FINANCIAL CREDIT REVERSALS            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(22)FINANCIAL OFFSETS                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(23)RECOUPMENTS                           ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
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(24)NET SYSTEM PAYOUT                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(25)NEGATIVE BALANCE INCREASE             ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(26)ADVANCED PAYMENTS                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
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(27)REMITTANCE AMOUNT                     ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(28)MANUAL ISSUED CHECKS                  ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(29)VOIDS PROCESSED                       ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
-------------------------------------------------------------------------------------------------------------------
(30)NET EXPENDITURES (TO CARS)            ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
(31)CASH RECEIPTS                         ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
-------------------------------------------------------------------------------------------------------------------
(32)NET MARS EXPENDITURES                 ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9-  ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9
                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	(Program Description)	Budget Program Code Description	DE9836	
3	Sub-Program	Budget Sub-Program Code	DE9838	
4	(Sub-Program Description)	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	(Object Code Description)	Budget Object Code Description	DE9844	
7	Unique Recipients	MARS Total Unduplicated Count of Recipients	DE6964	

8	Original Claim Payments - Regular Claims	Calculated	DE0002	
9	Original Claims Payments - Medicare	MARS Total Medicare Claims Payment Amounts	DE6133	
10	Mass Adjustments - Net Positive	Calculated	DE0002	
11	Mass Adjustments - Net Negative	Calculated	DE0002	
12	Other Adjustments - Net Positive	MARS Total Adjustment Amount	DE6606	
13	Other Adjustments - Net Negative	Calculated	DE0002	
14	Claim Credit/Recoupment Reversals	Calculated	DE0002	
15	Insurance Premium Payments	MARS Premium or Per-Capita Payment	DE6364	
16	Capitation Payments	MARS Premium or Per-Capita Payment	DE6364	
17	Management/Admin Fees	Calculated	DE0002	
18	Enhanced DSH - Hospital	Calculated	DE0002	
19	Add-Pays - Cost Settlement	Calculated	DE0002	
20	Add-Pays - Other	Calculated	DE0002	
21	(Financial Credit Reversals)	Calculated	DE0002	
22	Financial Offsets	Calculated	DE0002	
23	Recoupments	Calculated	DE0002	
24	Net System Payouts	Calculated	DE0002	
25	Negative Balance Increase	Calculated	DE0002	
26	Advanced Payments	Calculated	DE0002	
27	Remittance Amount	Calculated	DE0002	
28	Manual Issued Checks	Calculated	DE0002	
29	Voids Processed	Calculated	DE0002	
30	Net Expenditures	Calculated	DE0002	

	(To CARS)			
31	Cash Receipts	Calculated	DE0002	
32	Net Mars Expendit-ures	Calculated	DE0002	

Output Reports MR-O-073A Recipients with Hospital Admissions - AIDS Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for AIDS Waiver recipients (exception indicator = 'E') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID From Date of Service
Control Breaks:	None

Recipients with Hospital Admissions - AIDS Waiver (MR-O-073A)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY SECTION A: AIDS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS (1) P
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ****** ADMIT DATE
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - AIDS Waiver (MR-O-073A)

```
MRM340                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY          SECTION A: AIDS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY HH:MM                CLAIMS PAID DURING THE MONTH  OF XXXXXXXXX (1)
```

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Iden-tifier	DE4700	
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.
9	Provider	National Provider Iden-	DE4700	The Provider ID from the recipient's

		tifier		most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-073B Recipients with Hospital Admissions - MR Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for MR Waiver recipients (exception indicator = 'Y') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - MR Waiver (MR-O-073B)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF: MM/DD/CCYY SECTION B: MR-WAIVER MENTAL HEALTH RECIPIENTS WITH HOSPITAL ADMISSIONS P
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX (1)

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ****** ADMIT DATE
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - MR Waiver (MR-O-073B)

```
MRM340                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY    SECTION B: MR-WAIVER MENTAL HEALTH RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY HH:MM                    CLAIMS PAID DURING THE MONTH  OF XXXXXXXXX (1)
```

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Identifier	DE4700	Servicing provider ID on the inpatient hospital claim.
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.

9	Provider	National Provider Identifier	DE4700	The Provider ID from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-073C Recipients with Hospital Admissions - Technology Assisted Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for Technology Assisted Waiver recipients (exception indicator = 'A') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - Technology Assisted Waiver (MR-O-073C)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY SECTION C: TECHNOLOGY ASSISTED WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX (1)

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC DATA LOC IND	(11) ***** ADMIT DAT
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - Technology Assisted Waiver (MR-O-073C)

```
MRM340                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY    SECTION C: TECHNOLOGY ASSISTED WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY HH:MM                    CLAIMS PAID DURING THE MONTH  OF XXXXXXXX (1)
```

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Identifier	DE4700	
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus

				Claim From Date of Service.
9	Provider	National Provider Identifier	DE4700	The Provider ID from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-073D Recipients with Hospital Admissions - IFDDS Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for IFDDS Waiver recipients (exception indicator = 'R') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - IFDDS Waiver (MR-O-073D)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY SECTION D: IFDDS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS PA
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX (1)

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ****** ADMIT DATE
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - IFDDS Waiver (MR-O-073D)

MRM340
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SECTION A: IFDDS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS
CLAIMS PAID DURING THE MONTH OF XXXXXXXXX (1)

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Identifier	DE4700	Servicing provider ID on the inpatient hospital claim.
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.
9	Provider	National Provider Iden-	DE4700	The Provider ID from the recipient's

		tifier		most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-073E Recipients with Hospital Admissions - Elderly & Disabled Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for Elderly & Disabled Waiver recipients (exception indicator = '9') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - Elderly & Disabled Waiver (MR-O-073E)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY SECTION E: ELDERLY AND DISABLED WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS PAG
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX (1)

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ******* ADMIT DATE	D
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999	9

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - Elderly & Disabled Waiver (MR-O-073E)

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MRM340                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RI
AS OF: MM/DD/CCY     SECTION E: ELDERLY AND DISABLED WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS            PA
RUN DATE: MM/DD/CCYY HH:MM                  CLAIMS PAID DURING THE MONTH  OF XXXXXXXX (1)
```

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Identifier	DE4700	
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.

9	Provider	National Provider Identifier	DE4700	The Provider ID from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-073F Recipients with Hospital Admissions - CDPAS Waiver

General Information

This report lists all inpatient hospital claims (Claim Type = '01' or Form Type = 'XOVA') for CD-PAS Waiver recipients (exception indicator = 'Q') paid during the reporting month. Only paid original and debit claims (claim modifier = '1' or '2') are included on this report. This report includes only claims paid for Medicaid (benefit program '01'). For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID Number
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - CDPAS Waiver (MR-O-073F)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY SECTION F: CD-PAS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS PA
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX (1)

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ****** ADMIT DATE
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - CDPAS Waiver (MR-O-073F)

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MRM340                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY        SECTION F: CD-PAS WAIVER RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY HH:MM                  CLAIMS PAID DURING THE MONTH  OF XXXXXXXXX (1)
```

(14) NUMBER OF DAYS	(15) NUMBER OF RECIPIENTS	(16) HOSPITAL DAYS
1	ZZZ,ZZ9	ZZZ,ZZ9
2	ZZZ,ZZ9	ZZZ,ZZ9
3	ZZZ,ZZ9	ZZZ,ZZ9
4	ZZZ,ZZ9	ZZZ,ZZ9
5	ZZZ,ZZ9	ZZZ,ZZ9
6	ZZZ,ZZ9	ZZZ,ZZ9
7	ZZZ,ZZ9	ZZZ,ZZ9
8	ZZZ,ZZ9	ZZZ,ZZ9
9	ZZZ,ZZ9	ZZZ,ZZ9
10	ZZZ,ZZ9	ZZZ,ZZ9
11	ZZZ,ZZ9	ZZZ,ZZ9
12	ZZZ,ZZ9	ZZZ,ZZ9
13	ZZZ,ZZ9	ZZZ,ZZ9
14	ZZZ,ZZ9	ZZZ,ZZ9
15	ZZZ,ZZ9	ZZZ,ZZ9
16	ZZZ,ZZ9	ZZZ,ZZ9
17	ZZZ,ZZ9	ZZZ,ZZ9
18	ZZZ,ZZ9	ZZZ,ZZ9
19	ZZZ,ZZ9	ZZZ,ZZ9
20	ZZZ,ZZ9	ZZZ,ZZ9
21	ZZZ,ZZ9	ZZZ,ZZ9
MORE THAN 21 DAYS	ZZZ,ZZ9	ZZZ,ZZ9
TOTAL	ZZZ,ZZ9 (17)	ZZZ,ZZ9 (18)
AVERAGE NUMBER OF HOSPITAL DAYS	ZZZ,ZZ9.99 (19)	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
4	Hospital Provider	National Provider Identifier	DE4700	Servicing provider ID on the inpatient hospital claim.
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.

9	Provider	National Provider Identifier	DE4700	The Provider ID from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-074A Subsidiary Balancing - Nursing Facility Recipients

General Information

This is the Subsidiary Balancing report for Nursing Facilities. This report is produced to report Month-to-Date and Year-to-Date dollar amounts for Recipient type transactions in the Nursing Facility. The FFS claim data are extracted based on benefit package program, sub-program, and package codes. Extract claims with program code equal to '01',and exception indicator equal to '2'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Fund Type Program Code
Control Breaks:	Fund Type Program Code

Subsidiary Balancing - Nursing Facility Recipients (MR-O-074A)

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MRM312                                 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          REPORT NO:
AS OF:MM/DD/CCYY      SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR NURSING FACILITY RECIPIENTS SECTION A:   PAGE NUMBER
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:       XXX (1)                     - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUB-PROGRAM:   XXXX (3)                    - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OBJECT CODE:   XXXXXX (5)                  - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
                                                                                                 (4)
                                     ----- MONTH TO DATE  ----     ----- QUARTER TO DATE --(6)    ----- YEAR TO DATE
                                     UNITS        DOLLAR AMOUNT    UNITS         DOLLAR AMOUNT    UNITS        DOLLAR
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UNIQUE RECIPIENTS               (32) 22,222,229                    22,222,229                     22,222,229
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ORIGINAL CLAIM PAYMENTS
 (7) REGULAR CLAIM                   22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
 (8) MEDICARE                        22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
MASS ADJUSTMENTS
 (9) NET POSITIVE                    22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
 (10) NET NEGATIVE                   22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
OTHER ADJUSTMENTS
 (11) NET POSITIVE                   22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
 (12) NET NEGATIVE                   22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(13) CLAIM CREDIT/RECOUPMENT REVERSALS 22,222,229 22,222,222.99- 22,222,229   22,222,222.99-  22,222,229   22,222,22

(14) INSURANCE PREMIUM PAYMENTS      22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
(15) CAPITATION PAYMENTS             22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
(16) MANAGEMENT/ADMIN FEES           22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
(17) ENHANCED DSH - HOSPITAL         22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
ADD-PAYS
  (18) COST SETTLEMENT               22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
  (19) OTHER                         22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(20) FINANCIAL CREDIT REVERSALS      22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
(21) FINANCIAL OFFSETS               22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(22) RECOUPMENTS                     22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(23) NET SYSTEM PAYOUT               22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(24) NEGATIVE BALANCE INCREASE       22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(25) ADVANCED PAYMENTS               22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(26) REMITTANCE AMOUNT               22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(27) MANUAL ISSUED CHECKS            22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(28) VOIDS PROCESSED                 22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(29) NET EXPENDITURES (TO CARS)      22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(30) CASH RECEIPTS                   22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22

(31) NET MARS EXPENDITURES           22,222,229  22,222,222.99-  22,222,229   22,222,222.99-  22,222,229   22,222,22
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROGRAM	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	SubProgram Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Original Claim Payments - Regular	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Pay-

	Claim			ments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1021-1043,

				1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
13	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067, and Transaction Type '56' is reported as credit (negative) amount.

22	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount

				on MR-O-067.
25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.
26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle.

				Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.
31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts
32	UNIQUE RECIPIENTS	Calculated	DE0002	Unduplicated count of participating recipients with claims paid for the Program, Sub-Program, and Object Code.

Output Reports MR-O-074B Subsidiary Balancing - ICF/MR Services

General Information

This is the Subsidiary Balancing report for ICF/MR Facilities. This report is produced to report Month-to-Date and Year-to-Date dollar amounts for Recipient type transactions in the ICF/MR Facility. The FFS claim data are extracted based on benefit package program, sub-program, and package codes. Extract claims with program code equal to '01',and exception indicator equal to '1'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Fund Type Program Code
Control Breaks:	Fund Type Program Code

Subsidiary Balancing - ICF/MR Services (MR-O-074B)

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MRM312                                       VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                   REPORT NO:
AS OF:MM/DD/CCYY              SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR ICF/MR RECIPIENT SECTION B          PAGE NUMBER
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:        XXX (1)                   - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUB-PROGRAM:    XXXX (3)                  - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OBJECT CODE:    XXXXXX (5)                - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
                                                                                            (4)
                                        ----- MONTH TO DATE  ----     ----- QUARTER TO DATE --(6)     ----- YEAR TO DATE
                                        UNITS        DOLLAR AMOUNT    UNITS        DOLLAR AMOUNT      UNITS        DOLLAR
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UNIQUE RECIPIENTS                  (32) ZZ,ZZZ,ZZ9                    ZZ,ZZZ,ZZ9                      ZZ,ZZZ,ZZ9
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ORIGINAL CLAIM PAYMENTS
  (7) REGULAR CLAIM                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
  (8) MEDICARE                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
MASS ADJUSTMENTS
  (9) NET POSITIVE                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
  (10) NET NEGATIVE                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
OTHER ADJUSTMENTS
  (11) NET POSITIVE                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
  (12) NET NEGATIVE                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(13) CLAIM CREDIT/RECOUPMENT REVERSALS  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(14) INSURANCE PREMIUM PAYMENTS         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
(15) CAPITATION PAYMENTS                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
(16) MANAGEMENT/ADMIN FEES              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
(17) ENHANCED DSH - HOSPITAL            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
ADD-PAYS
  (18) COST SETTLEMENT                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
  (19) OTHER                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(20) FINANCIAL CREDIT REVERSALS         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
(21) FINANCIAL OFFSETS                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(22) RECOUPMENTS                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(23) NET SYSTEM PAYOUT                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(24) NEGATIVE BALANCE INCREASE          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(25) ADVANCED PAYMENTS                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(26) REMITTANCE AMOUNT                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(27) MANUAL ISSUED CHECKS               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(28) VOIDS PROCESSED                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(29) NET EXPENDITURES (TO CARS)         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(30) CASH RECEIPTS                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ

(31) NET MARS EXPENDITURES              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	SubProgram Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Original Claim Payments - Regular Claim	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments,

				and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004,

				8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
13	Claim Credit / Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier '3' or '4' or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type '15' and Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment

				requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067, and Transaction Type '56' is reported as credit (negative) amount.
22	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount on MR-O-067.

25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.
26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with

				Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.
31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts
32	UNIQUE RECIPIENTS	Calculated	DE0002	Unduplicated count of participating recipients with claims paid for the Program, Sub-Program, and Object Code.

Output Reports MR-O-074C Subsidiary Balancing - MEDALLION Recipients

General Information

This report includes all Medallion I fee-for-service claims data and management fees. The report program selects all claims where the Benefit Program equals '01' (Medicaid) and the Benefit Sub-Program equals '02' (Medallion I PCP). Encounters and financial transactions are not included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Financial Program Code Financial Sub-Program Code Financial Object Code
Control Breaks:	Financial Program Code Financial Sub-Program Code Financial Object Code

Subsidiary Balancing - MEDALLION Recipients (MR-O-074C)

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MRM312                               VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                  REPORT NO:
AS OF:MM/DD/CCYY          SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR MEDALLION RECIPIENTS SECTION C       PAGE NUMBER
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:       XXX (1)                     - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUB-PROGRAM:   XXXX (3)                    - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OBJECT CODE:   XXXXXX (5)                  - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
                                                                                                     (4)
                                             ----- MONTH TO DATE  ----    ----- QUARTER TO DATE --- (6)  ----- YEAR TO DATE
                                             UNITS       DOLLAR AMOUNT    UNITS        DOLLAR AMOUNT     UNITS       DOLLAR A
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UNIQUE RECIPIENTS                        (32) ZZ,ZZZ,ZZ9                   ZZ,ZZZ,ZZ9                    ZZ,ZZZ,ZZ9
------------------------------------------------------------------------------------------------------------------------------
ORIGINAL CLAIM PAYMENTS
  (7) REGULAR CLAIM                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
  (8) MEDICARE                               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
MASS ADJUSTMENTS
  (9) NET POSITIVE                           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
  (10) NET NEGATIVE                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
OTHER ADJUSTMENTS
  (11) NET POSITIVE                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
  (12) NET NEGATIVE                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(13) CLAIM CREDIT/RECOUPMENT REVERSALS        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(14) INSURANCE PREMIUM PAYMENTS               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
(15) CAPITATION PAYMENTS                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
(16) MANAGEMENT/ADMIN FEES                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
(17) ENHANCED DSH - HOSPITAL                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
ADD-PAYS
  (18) COST SETTLEMENT                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
  (19) OTHER                                 ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(20) FINANCIAL CREDIT REVERSALS               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
(21) FINANCIAL OFFSETS                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(22) RECOUPMENTS                              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(23) NET SYSTEM PAYOUT                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(24) NEGATIVE BALANCE INCREASE                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(25) ADVANCED PAYMENTS                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(26) REMITTANCE AMOUNT                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(27) MANUAL ISSUED CHECKS                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(28) VOIDS PROCESSED                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(29) NET EXPENDITURES (TO CARS)               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(30) CASH RECEIPTS                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.

(31) NET MARS EXPENDITURES                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	SubProgram Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Original Claim Payments - Regular	Calculated	DE0002	Includes all invoice types except Medi-

	Claim			care Crossovers, Capitation Payments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type not 'S' (Adjustment

				Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with

				Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067, and Transaction Type '56' is reported as credit (negative) amount.
22	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances. This field is used when the payee’s existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo

				transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type ‘10’ (Adjustment Reason ‘9997’). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee’s current negative balance (DB). This field is used to reflect the amount used to increase the payee’s negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason ‘9999’). Reported as debit (positive) amount on MR-O-067.
25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.

26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.

31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts
32	UNIQUE RECIPIENTS	Calculated	DE0002	Unduplicated count of participating recipients with claims paid for the Program, Sub-Program, and Object Code.

Output Reports MR-O-074D Subsidiary Balancing - MEDALLION II Recipients

General Information

This report includes all Medallion II fee-for-service claims data and capitation payments. The report program selects all claims where the Benefit Program equals '01' (Medicaid) and the Benefit Sub-Program equals '03' (Medallion II MCO). Encounters and financial transactions are not included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Financial Program Code Financial Sub-Program Code Financial Object Code
Control Breaks:	Financial Program Code Financial Sub-Program Code Financial Object Code

Subsidiary Balancing - MEDALLION II Recipients (MR-O-074D)

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MRM312                                             VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                  REPORT NO:
AS OF:MM/DD/CCYY        SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR MEDALLION II RECIPIENTS SECTION D       PAGE NUMBE
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:          XXX (1)                    - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUB-PROGRAM:      XXXX (3)                   - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OBJECT CODE:      XXXXXX (5)                 - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
                                                                                                   (4)
                                               ----- MONTH TO DATE  ----      ----- QUARTER TO DATE --(6)     ----- YEAR TO DATE
                                               UNITS         DOLLAR AMOUNT    UNITS         DOLLAR AMOUNT     UNITS         DOLLA
---------------------------------------------------------------------------------------------------------------------------------

UNIQUE RECIPIENTS                         (32) ZZ,ZZZ,ZZ9                     ZZ,ZZZ,ZZ9                      ZZ,ZZZ,ZZ9
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ORIGINAL CLAIM PAYMENTS
  (7) REGULAR CLAIM                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
  (8) MEDICARE                                 ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
MASS ADJUSTMENTS
  (9) NET POSITIVE                             ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
  (10) NET NEGATIVE                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
OTHER ADJUSTMENTS
  (11) NET POSITIVE                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
  (12) NET NEGATIVE                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(13) CLAIM CREDIT/RECOUPMENT REVERSALS         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(14) INSURANCE PREMIUM PAYMENTS                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
(15) CAPITATION PAYMENTS                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
(16) MANAGEMENT/ADMIN FEES                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
(17) ENHANCED DSH - HOSPITAL                   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
ADD-PAYS
  (18) COST SETTLEMENT                         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
  (19) OTHER                                   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(20) FINANCIAL CREDIT REVERSALS                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
(21) FINANCIAL OFFSETS                         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(22) RECOUPMENTS                               ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(23) NET SYSTEM PAYOUT                         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(24) NEGATIVE BALANCE INCREASE                 ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(25) ADVANCED PAYMENTS                         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(26) REMITTANCE AMOUNT                         ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(27) MANUAL ISSUED CHECKS                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(28) VOIDS PROCESSED                           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(29) NET EXPENDITURES (TO CARS)                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(30) CASH RECEIPTS                             ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z

(31) NET MARS EXPENDITURES                     ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-   ZZ,ZZZ,ZZ9   ZZ,ZZZ,Z
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program [Description]	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	Sub-Program [Description]	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code [Description]	Budget Object Code Description	DE9844	
7	Original Claim Payments - Regular	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Pay-

	Claim			ments, Management Fee Payments, and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = '1'. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type '09' with Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type 'S' (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '2' and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1021-1043,

				1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
13	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier ‘3’ or ‘4’ or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type ‘15’ and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recip-

				ients. Includes all claim payment requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067, and Transaction Type '56' is reported as credit (negative) amount.

22	Recoupments	Calculated	DE0002	These are recoupment amounts applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount

				on MR-O-067.
25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.
26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle.

				Includes all financial transactions with Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.
31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts
32	UNIQUE RECIPIENTS	Calculated	DE0002	Unduplicated count of participating recipients with claims paid for the Program, Sub-Program, and Object Code.

Output Reports MR-O-074E Subsidiary Balancing - MEDALLION III Recipients

General Information

This report includes all MEDALLION III fee-for-service claims data, capitation payments, and management fees. The report program selects all claims where the Benefit Program equals '01' (Medicaid) and the Benefit Sub-Program equals '04' (Medallion III MCO) or '07' (Medallion III PCP). Encounters and financial transactions are not included in this report.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Waiver Expenditures Reporting Process (MRM312)
Confidential:	No
Sequence:	Financial Program Code Financial Sub-Program Code Financial Object Code
Control Breaks:	Financial Program Code Financial Sub-Program Code Financial Object Code

Subsidiary Balancing - MEDALLION III Recipients (MR-O-074E)

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MRM312                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:MM/DD/CCYY       SUBSIDIARY BALANCING REPORT - EXPENDITURES FOR MEDALLION III RECIPIENTS SECTION E      PAGE NUMBER
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM:        XXX (1)                  - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
SUB-PROGRAM:    XXXX (3)                 - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
OBJECT CODE:    XXXXXX (5)               - *** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)

                                          ----- MONTH TO DATE  ----     ----- QUARTER TO DATE ----     ----- YEAR TO DATE
                                          UNITS       DOLLAR AMOUNT     UNITS        DOLLAR AMOUNT     UNITS        DOLLAR A
-------------------------------------------------------------------------------------------------------------------------------

UNIQUE RECIPIENTS                    (32) ZZ,ZZZ,ZZ9                   ZZ,ZZZ,ZZ9                   ZZ,ZZZ,ZZ9
-------------------------------------------------------------------------------------------------------------------------------
ORIGINAL CLAIM PAYMENTS
  (7) REGULAR CLAIM                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
  (8) MEDICARE                            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
MASS ADJUSTMENTS
  (9) NET POSITIVE                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
  (10) NET NEGATIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
OTHER ADJUSTMENTS
  (11) NET POSITIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
  (12) NET NEGATIVE                       ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(13) CLAIM CREDIT/RECOUPMENT REVERSALS    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(14) INSURANCE PREMIUM PAYMENTS           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
(15) CAPITATION PAYMENTS                  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
(16) MANAGEMENT/ADMIN FEES                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
(17) ENHANCED DSH - HOSPITAL              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
ADD-PAYS
  (18) COST SETTLEMENT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
  (19) OTHER                              ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(20) FINANCIAL CREDIT REVERSALS           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
(21) FINANCIAL OFFSETS                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(22) RECOUPMENTS                          ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(23) NET SYSTEM PAYOUT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(24) NEGATIVE BALANCE INCREASE            ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(25) ADVANCED PAYMENTS                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(26) REMITTANCE AMOUNT                    ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(27) MANUAL ISSUED CHECKS                 ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(28) VOIDS PROCESSED                      ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(29) NET EXPENDITURES (TO CARS)           ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(30) CASH RECEIPTS                        ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ

(31) NET MARS EXPENDITURES                ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ.99-  ZZ,ZZZ,ZZ9   ZZ,ZZZ,ZZZ
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Subprogram	Budget Sub-Program Code	DE9838	
4	SubProgram Description	Budget Sub-Program Code Description	DE9839	
5	Object Code	Budget Object Code	DE9843	
6	Object Code Description	Budget Object Code Description	DE9844	
7	Original Claim Payments - Regular Claim	Calculated	DE0002	Includes all invoice types except Medicare Crossovers, Capitation Payments, Management Fee Payments,

				and Administrative Fee Payments. All claim payment requests for Invoice Types 01-08, 10-13, and 96 with Claim Modifier = ‘1’. Reported as debit (positive) amount on MR-O-067.
8	Original Claim Payments - Medicare	Calculated	DE0002	Includes both Part A and Part B Medicare Crossover invoice types request for payments. All claim payment requests Invoice Type ‘09’ with Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
9	Mass Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by an event in the MMIS which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type ‘S’ (Adjustment Reasons 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004, 8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
10	Mass Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by an event in the system which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ’3’ or ‘4’, and Media Type ‘S’ (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517.) Reported as credit (negative) amount on MR-O-067.
11	Other Adjustments - Net Positive	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a positive monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier ‘2’ and Media Type not ‘S’ (Adjustment Reasons: 1000-1012, 1021-1043, 1053-1055, 1057-1058, 6000-6004,

				8008, 8013, 8015-8018, 8020-8021, 8023-8024, 8200-8217, 8308, 8313, 8315-8318, 8320-8321, 8323-8324, 8500-8517). Reported as debit (positive) amount on MR-O-067.
12	Other Adjustments - Net Negative	Calculated	DE0002	These are claim specific adjustments initiated by DMAS or a provider for an original payment request which results in a negative monetary amount for a current cycle. Includes all claim payment requests with Claim Modifier '3' or '4', and Media Type not 'S' (Adjustment Reasons: 1000-1012, 1013, 1020, 1021-1043, 1044-1052, 1053-1055, 1056, 1057-1058, 1059-1061, 1070-1076, 6000-6004, 8000-8026, 8200-8217, 8300, 8326, 8500-8517). Reported as credit (negative) amount on MR-O-067.
13	Claim Credit/Recoupment Reversals	Calculated	DE0002	These are financial transactions generated by the Void Process reversing any corresponding claims with Claim Modifier '3' or '4' or recoupment transactions. Includes all financial transactions with Transaction Type '36'. Reported as debit (positive) amount on MR-O-067.
14	Insurance Premium Payments	Calculated	DE0002	These are premium payments paid by DMAS for a recipient. The types of premium payments included are HIPP, HIV, Buy-In, QI1 and QI2. Includes all financial transactions with Transaction Type '29' (Adjustment Reasons 9200-9204). Reported as debit (positive) amount on MR-O-067.
15	Capitation Payments	Calculated	DE0002	These are captivated payments paid for recipients who belong in a managed care or HMO group. Includes all claim payment requests with Invoice Type '15' and Claim Modifier '1'. Reported as debit (positive) amount on MR-O-067.
16	Management/Admin Fees	Calculated	DE0002	These are Management or Administrative fees paid to a provider who is a PCP for or manages specific recipients. Includes all claim payment

				requests with Invoice Type ‘16’ or ‘17’, and Claim Modifier ‘1’. Reported as debit (positive) amount on MR-O-067.
17	Enhanced DSH - Hospital	Calculated	DE0002	These are payments to specific hospital to absorb cost for indigent care. Includes all financial transactions with Transaction Type ‘49’ (Adjustment Reason 9400). Reported as debit (positive) amount on MR-O-067.
18	Add-Pays - Cost Settlement	Calculated	DE0002	These are additional payments to payees based on the cost settlement process. Includes all financial transactions with Transaction Type ‘19’ (Adjustment Reasons 9100-9128). Reported as debit (positive) amount on MR-O-067.
19	Add-Pays - Other	Calculated	DE0002	These are additional payments (excluding cost settlement and advanced payments) to payees. Includes all financial transactions with Transaction Type ‘09’ (Adjustment Reasons 9001-9094). Reported as debit (positive) amount on MR-O-067.
20	Financial Credit Reversals	Calculated	DE0002	These are Financial Transactions generated by the Void Process reversing any corresponding Add Pay or Negative Balance Increase transactions. Includes all financial transactions with Transaction Type '26' (Adjustment Reasons 6200-6204). Reported as credit (negative) amount on MR-O-067.
21	Financial Offsets	Calculated	DE0002	These are all payment request transactions that are generated based on Stop Payment and/or Cash Receipt transactions entered on-line. Includes all financial transactions with Transaction Type ‘46’ (Adjustment Reason 6400), or Transaction Type '56' (Adjustment Reason 6500). Transaction type '46' is reported as debit (positive) amount on MR-O-067, and Transaction Type '56' is reported as credit (negative) amount.
22	Recoupments	Calculated	DE0002	These are recoupment amounts

				applied in the current payment cycle based on existing negative balances. This field is used when the payee's existing negative balance is used to recoup monies owed to DMAS. This process will result in a financial memo transaction being generated reflecting the recouped amounts applied. These financial transactions are internally generated during the RA generation process for recouped amounts applied from existing negative balances during the weekly payment cycle. Includes all financial transactions with Transaction Type '10' (Adjustment Reason '9997'). Reported as credit (negative) amount on MR-O-067.
23	Net System Payout	Calculated	DE0002	This is the sum of all accumulated totals from the above categories: Original Payments Mass Adjustments Other Adjustments Claim Credit/Recoupment Reversal Insurance Premium Payments Capitation Payments Management/Admin Fees Enhanced DSH Add-Pay - Cost Settlements Add-Pay - Others Financial Credit Reversals Financial Offsets Recoupments
24	Negative Balance Increase	Calculated	DE0002	These are the negative balance amounts that are carried forward to the payee's current negative balance (DB). This field is used to reflect the amount used to increase the payee's negative balance based on the recoupment recovery amounts that could not be applied in the current payment cycle. These financial transactions are internally generated during the RA generation process for negative balances set-up (DB) during the weekly payment cycle. Includes all financial transactions with Transaction Type '20' (Adjustment Reason '9999'). Reported as debit (positive) amount on MR-O-067.

25	Advanced Payments	Calculated	DE0002	These are advance payments made to a payee through the MMIS Remittance Advice Application. Includes all financial transactions with Transaction Type ‘39’ (Adjustment Reason 9300). Reported as debit (positive) amount on MR-O-067.
26	Remittance Amount	Calculated	DE0002	The total amount of money to be remitted relating to the current payment cycle. This amount equals the weekly payment cycle Check Register Disbursement Amount. Net System Payout Negative Balance Increase Advance Payments
27	Manual Issued Checks	Calculated	DE0002	The amount of all manual issued checks payments made to a payee outside the MMIS Remittance Advice Application during the current payment cycle. Includes all financial transactions with Transaction Type ‘59’ (Adjustment Reason 9500). Reported as debit (positive) amount on MR-O-067.
28	Voids Processed	Calculated	DE0002	The amount of all MMIS check voids processed in the current payment cycle. Note: This transaction is the approval of Stop-Pay financial transactions (Transaction Type '06’). Includes all financial transactions with Transaction Type ‘07’ (Adjustment Reason 7000). Reported as credit (negative) amount on MR-O-067.
29	Net Expenditures (To CARS)	Calculated	DE0002	The total amount expended for the current payment cycle which is to be deposited into the DMAS concentration accounts. This amount equals the expenditure amount to be passed to the GFS system at DMAS and posted to the MMIS Budget Master Expenditure Amount. Remittance Amount Manual Issued Checks Voids Processed
30	Cash Receipts	Calculated	DE0002	The amount of all Cash Receipts processed for the current payment cycle. Includes all financial transactions with

				Transaction Type ‘08’ (Adjustment Reasons 8000-8026), '18' (Adjustment Reasons 8100-8143), and '28' (Adjustment Reasons 8200-8217). All Cash Receipts transactions are reported as credit (negative) amounts on MR-O-067.
31	Net MARS Expenditures	Calculated	DE0002	The total amount expended for the current payment cycle. The net expenditure amount is used extensively in MARS reporting. Net MARS expenditures are the sum of: Net Expenditures (To CARS) Cash Receipts
32	UNIQUE RECIPIENTS	Calculated	DE0002	Unduplicated count of participating recipients with claims paid for the Program, Sub-Program, and Object Code.

Output Reports MR-O-075 Recipients with Hospital Admissions - Nursing Facility

General Information

This report lists all Nursing Facility recipients (Excep Ind = '2') who have inpatient hospital claims (claim type = '01' or form type = 'XOVA') that were paid during the reporting period. For each claim listed, this report displays overlapping Level of Care (LOC) data (exception indicator = '1' or '2').

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Long Term Care Unit
Program:	Subsidiary Waiver Expenditures with Hospital Admissions (MRM340)
Confidential:	No
Sequence:	Recipient ID
Control Breaks:	Recipient ID

Recipients with Hospital Admissions - Nursing Facility (MR-O-075)

MRM340 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY NURSING FACILITY RECIPIENTS WITH HOPSITAL ADMISSIONS (1) PA
RUN DATE: MM/DD/CCYY HH:MM CLAIMS PAID DURING THE MONTH OF XXXXXXXX

(2) RECIPIENT ID	(3) RECIPIENT NAME	(4) HOSPITAL PROVIDER	(5) CLM MOD	(6) FROM DATE	(7) THRU DATE	(8) DAYS STAY	(9) ********** PROVIDER	(10) LOC IND	(11) LOC DATA ****** ADMIT DATE
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXX	1234567890	9	99/99/9999	99/99/9999	999	1234567890	X	99/99/9999

TOTAL RECIPIENTS 99999

Recipients with Hospital Admissions - Nursing Facility (MR-O-075)

```
MRM127                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                        NURSING FACILITY RECIPIENTS WITH HOSPITAL ADMISSIONS
RUN DATE: MM/DD/CCYY   HH:MM                 CLAIMS PAID DURING THE MONTH  OF _____  (1)

                                                   SUMMARY OF DAYS STAY

                                        (12)                        (13)                        (14)
                                      NUMBER                    NUMBER OF                   HOSPITAL
                                     OF DAYS                    RECIPIENTS                   DAYS

.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
.                                      999                         999                         999
                                 MORE THAN 21 DAYS                 999                         999

                                 TOTAL                             999  (15)                   999 (16)

                                 AVERAGE NO OF HOSPITAL DAYS (17)  99.99


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Report Date	DE6087	
2	Recipient ID	Enrollee Identification Number	DE3001	
3	Recipient Name	Enrollee Full Name	DE3003	
5	CLM MOD	Claim Type Modifier	DE2003	
6	From Date	Claim Service From Date	DE2010	
7	Thru Date	Claim Service Thru Date	DE2011	
8	Days Stay	Calculated	DE0002	Claim Thru Date of Service minus Claim From Date of Service.
9	Provider	National Provider Iden-tifier	DE4700	The Provider ID from the recipient's

				most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
10	LOC IND	Benefit Plan Exception Indicator	DE3072	
11	Admit Date	Enrollee Benefit Enrollment Begin Date	DE3064	The Enrollment Begin Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
12	Disch Date	Enrollee Benefit Enrollment End Date	DE3065	The Enrollment End Date from the recipient's most recent enrollment record (exception indicator = '1' or '2') where the enrollment overlaps the claim dates of service.
13	Total Recipients	Calculated	DE0002	Unduplicated count of participating recipients receiving inpatient hospital claims during the report period.
14	Number of Days	Calculated	DE0002	Categories used to summarize distribution of the recipients and hospital days for all inpatient hospital claims.
15	Number of Recipients	Calculated	DE0002	An unduplicated count of the recipients who had inpatient hospital claims with the specified Number of Days.
16	Hospital Days	Calculated	DE0002	The total number of hospital days for all of the recipients who have had a particular Number of Days.
17	Total - Number of Recipients	Calculated	DE0002	Duplicated count of the total 'Number of Recipients'.
18	Total - Hospital Days	Calculated	DE0002	Total of 'Days Stay' for all inpatient hospital claims with the specified number of days.
19	Average No of Hospital Days	Calculated	DE0002	Total Hospital Days divided by Total Number of Recipients.

Output Reports MR-O-076 Nursing Facility Payments by Object Code

General Information

This report contains accumulated expenditures for Nursing Home providers by Object Code for all claims with one of the following Object Codes: 123450, 123501, and 123589. This report has two sections: One section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), and a separate section that includes only the Medicaid Expansion claims.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Object Code Provider ID
Control Breaks:	Object Code

Nursing Facility Payments by Object Code (MR-O-076)

MRM325 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY NURSING FACILITY PAYMENTS BY OBJECT CODE PA
RUN DATE: MM/DD/CCYY HH:MM

PROGRAM: MEDICAID (1)

(5) PROVIDER	(6) PROVIDER NAME	TOTAL TENTATIVE PAYMENT	FACILITY TENTATIVE PAYMENT	NATCEP TENTA
OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)				
	(2) (3)	(7)	(8)	(
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
	OBJECT CODE TOTALS:	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)				
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
	OBJECT CODE TOTALS:	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)				
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
	OBJECT CODE TOTALS:	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ
	REPORT TOTALS:	ZZZZ,ZZZ,ZZ9.99	ZZZZ,ZZZ,ZZ9.99	ZZ

* * * END OF REPORT * * *

Nursing Facility Payments by Object Code (MR-O-076)

```
MRM325                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                             NURSING FACILITY PAYMENTS BY OBJECT CODE                          PAG
RUN DATE: MM/DD/CCYY  HH:MM
                (1)
PROGRAM:  MEDICAID EXPANSION
   (5)          (6)
PROVIDER   PROVIDER NAME                      TOTAL TENTATIVE PAYMENT    FACILITY TENTATIVE PAYMENT   NATCEP TENTA
-----------------------------------------------------------------------------------------------------------------
               (2)            (3)
OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)
                                                          (7)                          (8)
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
                              OBJECT CODE TOTALS:     ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99           ZZZ


OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
                              OBJECT CODE TOTALS:     ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99           ZZZ


OBJECT CODE:XXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXX                ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99            ZZ
                              OBJECT CODE TOTALS:     ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99           ZZZ

-----------------------------------------------------------------------------------------------------------------
                                 REPORT TOTALS:       ZZZZ,ZZZ,ZZ9.99              ZZZZ,ZZZ,ZZ9.99           ZZZ


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	Identifies the data contained in each of the sections on this report. There are two sections: 1.) The 'Medicaid' section includes nursing facility claims payment data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). Nursing facility claims where the assigned Aid Category is equal to '094' are not included in the 'Medicaid' section of this report. 2.) The 'Medicaid Expansion'

				section includes only nursing facility claims payment data related to the Medicaid Expansion program (Aid Category '094'). The 'Medicaid Expansion' section of this report contains only those nursing facility claims where the assigned Aid Category is equal to '094'.
2	Object Code	Budget Object Code	DE9843	
3	Object Code Description	Budget Object Code Description	DE9844	
5	NPI Number	National Provider Identifier	DE4700	
6	Provider Name	Provider Name	DE4085	
7	Total Tentative Payment	Calculated	DE0002	Facility Tentative Payment (field 6) plus NATCEP Tentative Payment (field 7).
8	Facility Tentative Payment	Claim Payment Amount	DE2023	
9	NATCEP Tentative Payment	NATCEP-Payment-Amount	DE2881	

Output Reports MR-O-077A HCFA-21 Program Participation - FAMIS

General Information

This report contains recipient participation counts by age and program designation (aid category) on the FAMIS program.

Subsystem:	MARS
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Fiscal Grants Manager
Program:	HCFA-21 Recipient Extract File (MRM165)
Confidential:	No
Sequence:	Reporting Category
Control Breaks:	Reporting Category

HCFA-21 Program Participation - FAMIS (MR-O-077A)

```
MRM165                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          REPORT
AS OF:MM/DD/YYYY                           FAMILY ACCESS TO MEDICAL SECURITY INSURANCE (FAMIS)                        PAGE 1
RUN DATE: MM/DD/YYYY HH:MM

                                            FOR THE QUARTER ENDED (MM/DD/YYYY - MM/DD/YYYY)
                                            FOR THE FEDERAL FISCAL YEAR (MM/DD/YYYY - MM/DD/YYYY)

                                           <--      GREATER THAN 150%       -->        <--  LESS THAN OR EQUAL TO 150% -->
     PROGRAM DESIGNATION CODES:                 6          6          7          7          8          8          9
                              AGE:            <1        1-5       6-12      13-18         <1        1-5       6-12      13-

1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

4. NUMBER OF MEMEBER MONTHS ENROLLMENT IN THE QUARTER

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

5. AVERAGE NUMBER OF MONTHS ENROLLMENT (LINE 4 DIVIDED BY LINE 1)

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

6. UNDUPLICATED NUMBER OF CHILDREN ENROLLED AT END OF QUARTER

  A. FEE FOR SERVICE PLANS           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  B. MANAGED CARE ARRANGEMENTS       ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  C. PRIMARY CASE MANAGEMENT         ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ
  D. TOTAL                           ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,ZZZ ZZ,ZZZ,Z29   ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ,Z29 ZZ,ZZZ

                                                  *** END OF REPORT ***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FOR THE QUARTER ENDED		DE0000	Identifies the quarterly reporting period.
2	FOR THE FEDERAL FISCAL YEAR		DE0000	Identifies the federal fiscal year report period.
3	PROGRAM DESIGNATION CODES (AID CATEGORY)	Enrollee Eligibility Aid Category	DE3009	Identifies the Aid Category used for data segration on the HCFA-21 reports. The poverty level designation is specified within the aid category definition.
4	AGE		DE0000	Age ranges specified by CMS to be used for segregating children on the

				HCFA-21 reports.
5	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees eligible during the report quarter within each Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
6	UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility begin date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
7	UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility end date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
8	NUMBER OF MEMBER-MONTHS OF ENROLLMENT IN THE QUARTER	Calculated	DE0002	The total member-months of eligibility within each Aid Category & Age Group. One member-month is counted for each month in which a recipient was eligible for at least one day.
9	AVERAGE NUMBER OF MONTHS OF ENROLLMENT	Calculated	DE0002	Calculated by dividing the total member-months (field 8) by the UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN

				THE QUARTER (field 5).
10	UNDUPLICATED NUMBER OF CHILDREN ENROLLED AT END OF QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility is active on the last day of the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
11	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR	Calculated	DE0002	This field only appears on this report for the last (fourth) quarter reporting period of the Federal Fiscal Year. It is an unduplicated count of enrollees eligible at any time during the fiscal year, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').

Output Reports MR-O-077B HCFA-21 Program Participation - Medicaid

General Information

This report contains accumulated counts of recipient participation on the Medicaid program. Data related to the Medicaid Expansion program (aid category '094') is EXCLUDED from this report. Medicaid Expansion data is not included in the enrollment counts reported for Medicaid on the MR-O-077B. Medicaid Expansion data is reported separately on the MR-O-077C report. This report includes only enrollees where the Aid Category is not equal to '094'.

Subsystem:	MARS
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Fiscal Grants Manager
Program:	HCFA-21 Recipient Extract File (MRM165)
Confidential:	No
Sequence:	Reporting Category
Control Breaks:	Reporting Category

HCFA-21 Program Participation - Medicaid (MR-O-077B)

MRM165 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF:99/99/9999 HCFA-21 MEDICAID PAGE
RUN DATE: 99/99/9999 HH:MM

FOR THE QUARTER ENDED (MM/DD/YYYY - MM/DD/YYYY)
FOR THE FEDERAL FISCAL YEAR (MM/DD/YYYY - MM/DD/YYYY)

AGE:	<1	1-5	6-12	13-18	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
4. NUMBER OF MEMEBER MONTHS ENROLLMENT IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
5. AVERAGE NUMBER OF MONTHS ENROLLMENT (LINE 4 DIVIDED BY LINE 1)					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FOR THE QUARTER ENDED		DE0000	Identifies the quarterly reporting period.
2	FOR THE FEDERAL FISCAL YEAR		DE0000	Identifies the federal fiscal year report period.
4	AGE		DE0000	Age ranges specified by CMS to be used for segregating children on the HCFA-21 reports.
5	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees eligible during the report quarter within each Aid Category & Age Group as follows: - Fee For Service Plans - Benefit

				Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
6	UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility begin date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
7	UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility end date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
8	NUMBER OF MEMBER-MONTHS OF ENROLLMENT IN THE QUARTER	Calculated	DE0002	The total member-months of eligibility within each Aid Category & Age Group. One member-month is counted for each month in which a recipient was eligible for at least one day.
9	AVERAGE NUMBER OF MONTHS OF ENROLLMENT	Calculated	DE0002	Calculated by dividing the total member-months (field 8) by the UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER (field 5).
10	UNDUPLICATED NUMBER OF CHILDREN ENROLLED AT	Calculated	DE0002	An unduplicated count of enrollees whose eligibility is active on the last day of the report quarter, reported by Aid Category & Age Group as follows:

	END OF QUARTER			- Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
11	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR	Calculated	DE0002	This field only appears on this report for the last (fourth) quarter reporting period of the Federal Fiscal Year. It is an unduplicated count of enrollees eligible at any time during the fiscal year, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').

Output Reports MR-O-077C HCFA-21 Program Participation - Medicaid Expansion

General Information

This report contains accumulated counts of recipient participation on the Medicaid Expansion program. Only data related to the Medicaid Expansion program (aid category '094') is included on the MR-O-077C report. All other data for the Medicaid program is reported separately on the MR-O-077B report. This report includes only enrollees where the Aid Category is equal to '094'.

Subsystem:	MARS
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Fiscal Grants Manager
Program:	HCFA-21 Recipient Extract File (MRM165)
Confidential:	No
Sequence:	Reporting Category
Control Breaks:	Reporting Category

HCFA-21 Program Participation - Medicaid Expansion (MR-O-077C)

MRM165 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF:99/99/9999 HCFA-21 MEDICAID EXPANSION PAGE N
RUN DATE: 99/99/9999 HH:MM

FOR THE QUARTER ENDED (MM/DD/YYYY - MM/DD/YYYY)
FOR THE FEDERAL FISCAL YEAR (MM/DD/YYYY - MM/DD/YYYY)

AGE:	<1	1-5	6-12	13-18	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
4. NUMBER OF MEMEBER MONTHS ENROLLMENT IN THE QUARTER					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
5. AVERAGE NUMBER OF MONTHS ENROLLMENT (LINE 4 DIVIDED BY LINE 1)					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE FOR SERVICE PLANS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
B. MANAGED CARE ARRANGEMENTS	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
C. PRIMARY CASE MANAGEMENT	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9
D. TOTAL	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9	ZZ,ZZZ,ZZ9

*** END OF REPORT ***

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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FOR THE QUARTER ENDED		DE0000	Identifies the quarterly reporting period.
2	FOR THE FEDERAL FISCAL YEAR		DE0000	Identifies the federal fiscal year report period.
4	AGE		DE0000	Age ranges specified by CMS to be used for segregating children on the HCFA-21 reports.
5	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees eligible during the report quarter within each Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care

				Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
6	UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility begin date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
7	UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER	Calculated	DE0002	An unduplicated count of enrollees whose eligibility end date falls within the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
8	NUMBER OF MEMBER-MONTHS OF ENROLLMENT IN THE QUARTER	Calculated	DE0002	The total member-months of eligibility within each Aid Category & Age Group. One member-month is counted for each month in which a recipient was eligible for at least one day.
9	AVERAGE NUMBER OF MONTHS OF ENROLLMENT	Calculated	DE0002	Calculated by dividing the total member-months (field 8) by the UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER (field 5).
10	UNDUPLICATED NUMBER OF CHILDREN ENROLLED AT END OF	Calculated	DE0002	An unduplicated count of enrollees whose eligibility is active on the last day of the report quarter, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-

	QUARTER			Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').
11	UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR	Calculated	DE0002	This field only appears on this report for the last (fourth) quarter reporting period of the Federal Fiscal Year. It is an unduplicated count of enrollees eligible at any time during the fiscal year, reported by Aid Category & Age Group as follows: - Fee For Service Plans - Benefit Sub-Program = '01'. - Managed Care Arrangements - (Benefit Sub-Program = '03') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0700'). - Primary Case Management - (Benefit Sub-Program = '02') OR (Benefit Sub-Program = '04' AND Benefit Plan = '0600').

Output Reports MR-O-080 Subsidiary Balancing - Deductibles & Coinsurance Payments for Aged & Disabled Recipients

General Information

MR-O-080 provides reporting information on both the number of recipients for whom Medicaid paid the Medicare deductibles and coinsurance and on the amounts of payments. The numbers of recipients and the amounts of payments are distributed by the Federal Types of Service and by Basis of Eligibility. The report covers recipients for whom payments were made from funds specifically appropriated, allotted, or charged to the Title XIX Program. The following types of payments are included: - Payments of Medicare deductible and coinsurance amounts. - Payments and receipts of amounts adjusting previously paid claims (i.e. refunds, recoupments, voided checks, cost settlements) which can be specifically identified by type of service and recipient characteristic. All payments are classified by Federal Type Service.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Aged & Disabled Reporting (MRM171)
Confidential:	No
Sequence:	Type of Service
Control Breaks:	Type of Service

Subsidiary Balancing - Deductibles & Coinsurance Payments for Aged & Disabled Recipients (MR-O-080)

MRM171
AS OF:06/08/2001
RUN DATE: 99/99/9999 HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SECTION A: SUBSIDARY REPORT ON PAYMENTS OF DEUCTIBLES AND COINSURANCE
MADE ON BEHALF OF THE AGED AND DISABLED RECIPIENTS

TYPE OF MEDICAL CARE OR SERVICE (1)	AGED RECIPIENTS				
	(2) UNDUPLICATED TOTAL RECIPIENTS	DEDUCTIBLES (3) RECIPIENTS	DEDUCTIBLES (4) PAYMENTS	COINSURANCE (5) RECIPIENTS	COINSURANCE P
UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	99,999,999	99,999,999	999,999,999.99	99,999,999	999
01. INPATIENT HOSPITAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
02. OTHER MENTAL HOSPITAL FACILITY SRV.	99,999,999	99,999,999	999,999,999.99	99,999,999	999
04. INPATIENT PSYCHIATRIC FACILITY SRV.	99,999,999	99,999,999	999,999,999.99	99,999,999	999
05. INTENSIVE CARE FACILITY SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
07. NURSING FACILITY SERVICES - ALL	99,999,999	99,999,999	999,999,999.99	99,999,999	999
08. PHYSICIAN SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
09. DENTAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
10. OTHER LICENSED PRACTITIONERS	99,999,999	99,999,999	999,999,999.99	99,999,999	999
11. OUTPATIENT HOSPITAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
12. CLINIC SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
13. HOME HEALTH SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
15. LAB AND X-RAY SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
16. PRESCRIBED DRUGS	99,999,999	99,999,999	999,999,999.99	99,999,999	999
19. OTHER SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
20. CAPITATION PAYMENTS : HMO/HIO	99,999,999	99,999,999	999,999,999.99	99,999,999	999
21. PREPAID HEALTH PLANS (PHP)	99,999,999	99,999,999	999,999,999.99	99,999,999	999
22. PRIMARY CARE CASE MANAGEMENT (PCCM)	99,999,999	99,999,999	999,999,999.99	99,999,999	999
24. STERILIZATIONS	99,999,999	99,999,999	999,999,999.99	99,999,999	999
25. ABORTIONS	99,999,999	99,999,999	999,999,999.99	99,999,999	999
26. TRANSPORTATION	99,999,999	99,999,999	999,999,999.99	99,999,999	999
30. PERSONAL CARE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
31. TARGETED CASE MANAGEMENT SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
33. REHABILITATIVE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
34. PHYSICAL THERAPY,OCCUPATIONAL TRPY.	99,999,999	99,999,999	999,999,999.99	99,999,999	999
35. HOSPICE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
36. NURSE MIDWIFE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
37. NURSE PRACTITIONER SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
38. PRIVATE DUTY NURSING SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999
39. RELIGIOUS NON-MEDICAL HEALTH CARE INS.	99,999,999	99,999,999	999,999,999.99	99,999,999	999

Subsidiary Balancing - Deductibles & Coinsurance Payments for Aged & Disabled Recipients (MR-O-080)

MRM171
AS OF:06/08/2001
RUN DATE: 02/11/2003 19:48

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SECTION A: SUBSIDARY REPORT ON PAYMENTS OF DEUCTIBLES AND COINSURANCE
MADE ON BEHALF OF THE AGED AND DISABLED RECIPIENTS

TYPE OF MEDICAL CARE OR SERVICE (1)	DISABLED RECIPIENTS				
	(2) UNDUPLICATED TOTAL RECIPIENTS	DEDUCTIBLES (3) RECIPIENTS	DEDUCTIBLES (4) PAYMENTS	COINSURANCE (5) RECIPIENTS	COINSURANCE PA
UNDUPLICATED TOTAL NUMBER OF RECIPIENTS	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
01. INPATIENT HOSPITAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
02. OTHER MENTAL HOSPITAL FACILITY SRV.	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
04. INPATIENT PSYCHIATRIC FACILITY SRV.	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
05. INTENSIVE CARE FACILITY SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
07. NURSING FACILITY SERVICES - ALL	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
08. PHYSICIAN SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
09. DENTAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
10. OTHER LICENSED PRACTITIONERS	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
11. OUTPATIENT HOSPITAL SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
12. CLINIC SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
13. HOME HEALTH SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
15. LAB AND X-RAY SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
16. PRESCRIBED DRUGS	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
19. OTHER SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
20. CAPITATION PAYMENTS : HMO/HIO	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
21. PREPAID HEALTH PLANS (PHP)	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
22. PRIMARY CARE CASE MANAGEMENT (PCCM)	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
24. STERILIZATIONS	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
25. ABORTIONS	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
26. TRANSPORTATION	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
30. PERSONAL CARE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
31. TARGETED CASE MANAGEMENT SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
33. REHABILITATIVE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
34. PHYSICAL THERAPY,OCCUPATIONAL TRPY.	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
35. HOSPICE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
36. NURSE MIDWIFE SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
37. NURSE PRACTITIONER SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
38. PRIVATE DUTY NURSING SERVICES	99,999,999	99,999,999	999,999,999.99	99,999,999	999,
39. RELIGIOUS NON-MEDICAL HEALTH CARE INS.	99,999,999	99,999,999	999,999,999.99	99,999,999	999,

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FEDERAL TYPE OF SERVICE	MARS Type of Service for Federal Reporting	DE6108	
2	UNDUPLICATED TOTAL RECIPIENTS	Calculated	DE0002	An unduplicated count of all participating recipients on whose behalf payments for Medicare deductibles and/or coinsurance were made by Category - Aged, Disabled.
3	DEDUCTIBLES - RECIPIENTS	Calculated	DE0002	The unduplicated count of recipients on whose behalf payments for Medicare deductibles were made by category and distributed by Federal type

				of service. A recipient is counted for the type of service only if payment was made for that type of service to meet the Medicare deductible.
4	DEDUCTIBLES-PAYMENTS	Claim Title XVIII Deductible Amount	DE2251	
5	COINSURANCE-RECIPIENTS	Calculated	DE0002	The unduplicated count of recipients on whose behalf payments for Medicare coinsurance were made, by category, and distributed by Federal type of service. The total is an unduplicated count.
6	COINSURANCE-PAYMENTS	Claim Title XVIII Coinsurance Amount	DE2252	The total Medicare coinsurance payments made on behalf of recipients distributed by category and Federal type of service.

Output Reports MR-O-081 Lag Adjustment Factor

General Information

The Lag Adjustment Factor Report serves as a basis for estimating total incurred expenses and projected year-end payments on the MARS Financial Summary (MR-O-003).

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Benefit Program Category of Service Month of Service
Control Breaks:	Benefit Program Category of Service

Lag Adjustment Factor (MR-O-081)

MRM020 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO. MR-0-081
AS OF: MM/DD/CCYY LAG ADJUSTMENT FACTOR PAGE NUMBER: 9999
RUN DATE: MM/DD/CCYY HH:MM
PROGRAM: MEDICAID

(02)	(01) CATEGORY OF SERVICE 001	002	003	004	005	006	007	008	009	010	011	012	01
< 01 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 02 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 03 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 04 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 05 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 06 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 07 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 08 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 09 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 10 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 11 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 12 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 13 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 14 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 15 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 16 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 17 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 18 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 19 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 20 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 21 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 22 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 23 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 24 MONTHS	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9
< 25 MONTHS (03)	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.99	999.9

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CATEGORY OF SERVICE	Claim Category of Service	DE2038	
2	1- 24 MONTHS	MARS Payment by Eligibility Code/Category of Service for Service Month	DE6236	The percentage of claims for a particular category of service which are PAID within one (1) to twenty-four (24) months from service date. This report will accumulate a Paid claim throughout the periods. This means that if a claim was paid less then a month ago, it was also paid less then 24 month ago and therefore 'accumulate' through all lag factors through the 24 period.

Output Reports MR-O-082A HCFA-372 Elderly or Disabled with Consumer Directed Personal Assistance Service

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Elderly or Disabled with CDPAS Waiver is Nursing Facilities. Recipients are identified as enrolled in the Elderly or Disabled with CDPAS waiver by a Benefit Plan Exception Indicator of '9' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. CDPAS and Elderly and Disabled waiver services are identified as follows: Consumer Directed Personal Assistance : Procedure code Y0078 or S5126 Facilitator Expenditure : Procedure codes Z9560,H2000,Z9566,S5109,Z9562,99509,Z9564,T1028,Z9568,S5116,Z9570, Y0061,Z8811,Z9590,99080,G9002 or 99199 and modifier U1 Personal Care: Procedure Code Z4036 or T1019. Adult Day Heath Care: Procedure Code Z9410, Z9412, S5102, or A0120. Respite Care: Procedure Code Z9421, T1005, Z9423 or S9125 w/ Procedure Modifier 'TE'. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, Y0073, S5161, Y0075, H2021 w/ Procedure Modifier ‘TD’, Y0076, or H2021 w/ Procedure Modifier ‘TE’. Medication Monitoring: Procedure Code Y0072, S5160 w/ Procedure Modifier 'U1', Y0074 or S5185. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-

institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	HCFA-372 Reporting (MRM220)
Confidential:	No
Sequence:	Type of Service
Control Breaks:	Type of Service

HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

MRM220 (1) VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/YYYY ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PA

HCFA-372 - MRM220
DELIVER TO: LONG TERM CARE

STATE VIRGINIA (2) DEPARTMENT OF HEALTH AND HUMAN S
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY (3) HEALTH CARE FINANCING ADMINIS
WAIVER NUMBER 0048.90.R.1 (4) FORM APPROVED OMB NO. 09
WAIVER TITLE ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
INITIAL REPORT X LAG REPORT (6) (5) PAGE

LEVEL/S OF CARE IN APPROVED WAIVER NURSING FACILITIES (7)

(1)
I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A. INSTITUTIONAL SERVICES RECIPIENTS

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

(9) B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES ZZZZZ,ZZ9
RECIPIENTS (ACTUAL FACTOR A VALUE/S)
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/YYYY                    ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PA

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
                                                                                HEALTH CARE FINANCING ADMINIST
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                          FORM APPROVED OMB NO. 093
    WAIVER NUMBER    0048.90.R.1
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                        NURSING FACILITIES

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10) A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES                                          $$$$$,$$$,$$9

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.4.  HOSPITAL SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

(11) B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES                                          $$$$$,$$$,$$9
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/YYYY                      ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PA
HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                 DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                       HEALTH CARE FINANCING ADMINIS
    WAIVER NUMBER    0048.90.R.1                                                   FORM APPROVED OMB NO. 09
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES

    INITIAL REPORT X    LAG REPORT                                                                    PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO
(12)
    A.    ACUTE CARE SERVICES RECIPIENTS
(13)
    A.1.  ACUTE INPATIENT HOSPITAL SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(14)
    A.2.  PHYSICIANS SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(15)
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(16)
    A.4.  LABORATORY AND X-RAY SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(17)
    A.5.  PRESCRIBED DRUGS
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(18)
    A.6.  ALL OTHER ACUTE CARE SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(19)
    B.1.  TOTAL UNDUPLICATED RECIPIENTS                                                            ZZZZZ,ZZ9
          (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                   ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS                PAG
 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0048.90.R.1                                                 FORM APPROVED OMB NO. 0938
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

LEVEL/S OF CARE IN APPROVED WAIVER                                                  NURSING FACILITIES

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                  $$$$$,$$$,$$9

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                          $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                         $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                        $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                              $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                           $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                              $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9

(21) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                    $$$$$,$$$,$$9
          FOR INSTITUTIONAL SERVICES RECIPIENTS
          (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                             $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                $$$$$,$$$,$$9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                    ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS              PAG

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0048.90.R.1                                                   FORM APPROVED OMB NO. 093
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICE
    INITIAL REPORT X    LAG REPORT                                                                   PAGE C

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

(22) V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

     A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  PERSONAL CARE                                                          ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(24) A.2.  ADULT DAY HEALTH CARE                                                  ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(25) A.3.  RESPITE CARE                                                           ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(26) A.4.  PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                              ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(27) A.5.  MEDICATION MONITORING SERVICES                                         ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(28) A.6.  CONSUMER DIRECTED PERSONAL ASSISTANCE                                  ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(29) A.7.  FACILITATOR EXPENDITURES                                               ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

     B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                   ZZZZZ,ZZ9
(30)       (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF MM/DD/YYYY                      ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PAGE NU

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVI
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATI
    WAIVER NUMBER    0048.90.R.1                                                   FORM APPROVED OMB NO. 0938-0
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICE
    INITIAL REPORT X    LAG REPORT                                                                    PAGE 03A

    LEVEL/S OF CARE IN APPROVED WAIVER                                                  NURSING FACILITIES

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

(29) A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                  $$$$$,$$$,$$9
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  PERSONAL CARE EXPENDITURES                                                         $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.2.  ADULT DAY HEALTH CARE EXPENDITURES                                                 $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.3.  RESPITE CARE EXPENDITURES                                                          $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.4.  PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) EXPENDITURES                             $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.5.  MEDICATION MONITORING SERVICES EXPENDITURES                                        $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.6.  CONSUMER DIRECTED PERSONAL ASSISTANCE EXPENDITURES                                 $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    A.7.  FACILITATOR EXPENDITURES                                                           $$$$$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. DIVERTED WAIVER RECIPIENTS                                                      $$$$$,$$$,$$9

    B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER                                          $$$$$,$$$,$$9
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                       $$$$$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
AS OF MM/DD/YYYY                   ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS                PAGE NUMBE

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER    0048.90.R.1                                                FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE     ELDERLY AND DISABLED  WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                    PAGE 04

    LEVEL/S OF CARE IN APPROVED WAIVER                                                    NURSING FACILITIES

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(31) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                    ZZZZZ,ZZ9
    A.2.  PHYSICIANS SERVICES                                                                  ZZZZZ,ZZ9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                  ZZZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                                        ZZZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                                     ZZZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                        ZZZZZ,ZZ9

(32) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES                                   ZZZZZ,ZZ9
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             ZZZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                        ZZZZZ,ZZ9
    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(33) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                        $$$$$,$$$,$$9

    A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                       $$$$$,$$$,$$9
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                $$$$$,$$$,$$9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                               $$$$$,$$$,$$9
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                     $$$$$,$$$,$$9
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                  $$$$$,$$$,$$9
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                     $$$$$,$$$,$$9

(34) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                           $$$$$,$$$,$$9
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                   $$$$$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                              $$$$$,$$$,$$9

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(35) A.    FORMULA FACTOR H VALUE                                                              ZZZZZ,ZZ9

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(36) A.    FORMULA FACTOR I VALUE                                                        $$$$$,$$$,$$9
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HCFA-372 Elderly Or Disabled With Consumer Directed Personal Assistance Service (MR-O-082A)

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MRM220                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-082A
AS OF MM/DD/YYYY                      ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PAGE NUMBER

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER    0048.90.R.1                                                   FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                    PAGE 05

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

    XI.   OTHER REQUIRED DATA

(37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                    ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                           ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                                      ZZZZZ,ZZ9

(38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                                         ZZZZZ,ZZ9
           A. NONWAIVER RECIPIENTS                                                            ZZZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                               ZZZZZ,ZZ9

    C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETAILED
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.      IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        |_| 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        |_| 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN
               TAKEN WHERE APPROPRIATE.
        |_| 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        |_| 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIVER.

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        |_| 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        |_| 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        |_| 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED: _____

            TITLE: _____

            DATE: _____

            CONTACT PERSON: _____      TELEPHONE NUMBER: (_____)_____
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	New Field Definition		DE00-00	
1	Type of Run	Calculated	DE00-02	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE00-02	The Reporting State
3	Reporting	Cal-	DE00-	The quarter or one year period covered by the report.

	Period	culated	02	
4	Waiver Number	Calculated	DE00-02	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE00-02	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE00-02	Indicates an initial report or a lag report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE00-02	Nursing Facilities - Indicates the Level of Care in the approved waiver. The Level of Care for the Elderly and Disabled Waiver is Nursing Facilities. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The Elderly and Disabled waiver has only one Level of Care so only one column is displayed. Recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF) or '2' (ICF), and Provider Type 10 (Skilled Nursing Home Non Mental Health), 15, (Intermediate Care Facility), 86 (Out-of-State Intermediate Care Facility), 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State) and 92 (Out-of-State Skilled Care Facility). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex), or 92 (rehab). Claims are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)). .
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE00-02	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTION-	Calculated	DE00-02	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.

	AL SERVICES RECIPIENTS			
10	II.A TOTAL INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE00-02	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE00-02	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. Recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF) or '2' (ICF), and Provider Type 10 (Skilled Nursing Home Non Mental Health), 15, (Intermediate Care Facility), 86 (Out-of-State Intermediate Care Facility), 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex), or 92 (rehab).
12.-1	CSA Locality Code	MMIS Locality Code based on Postal Code	DE52-54	
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE00-02	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay

				Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '7DE0000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL	Calculated	DE00-02	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.

	FACTOR A VALUE/S)			
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE00-02	The total expenditures for the acute care services provided to the nonwaiver and waiver institutional services recipients during the reporting period distributed by level of care. All waiver services described in Section V are excluded from section IV. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE00-02	The average per capita expenditures for acute care services to the nonwaiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE00-02	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 PERSONAL CARE	Calculated	DE00-02	A count of participating waiver recipients who have received personal care services. Personal Care Services are identified as follows: Procedure Code: Z4036 or T1019.
24	V.A.2 ADULT DAY HEALTH CARE	Calculated	DE00-02	A count of participating waiver recipients who have received adult day health care services. Adult Day Health Care services are identified as follows: Procedure Code Z9410, Z9412, S5102, or A0120.
25	V.A.3 RESPITE CARE	Calculated	DE00-02	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421, T1005, Z9423 or S9125 w/ Procedure Modifier 'TE'.
26	V.A.4 PERSONAL EMERGENCY RESPONSE SYSTEM	Calculated	DE00-02	A count of participating waiver recipients who have received Personal Emergency Response System services. Personal Emergency Response System services are identified as follows: Procedure Code Y0071, S5160, Y0073, S5161, Y0075, H2021 w/ Procedure Modifier ‘TD’, Y0076, or H2021 w/ Pro-

	(PERS)			cedure Modifier ‘TE’.
27	V.A.5 MEDICATION MONITORING	Calculated	DE00-02	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, S5160 w/ Procedure Modifier 'U1', Y0074 or S5185.
28	V.A.6 CONSUMER DIRECTED PERSONAL ASSISTANCE	Calculated	DE00-02	A count of participating waiver recipients who have received Consumer Directed Personal Assistance. Consumer Directed Personal Assistance are identified as follows: Procedure Code: Y0078,S5126
29	V.A.7. FACILITATOR EXPENDITURES	Calculated	DE00-02	A count of participating waiver recipients who have received Facilitator Expenditure. Facilitator Expenditure are identified as follows: Procedure Code: Z9560,H2000,Z9566,S5109,Z9562,99509,Z9564,T1028,Z9568,S5116,Z9570, Y0061,,Z8811,Z9590,99080,G9002 or 99199 with modifier U1
30	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE00-02	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
31	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE00-02	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-5.
32	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE00-02	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.5.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.

33	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE00-02	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
34	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE00-02	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
35	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE00-02	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
36	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE00-02	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
37	IX.A FORMULA FACTOR H VALUE	Calculated	DE00-02	The number of Recipients receiving Non-institutional Long-Term Care Services.
38	X.A FORMULA FACTOR I VALUE	Calculated	DE00-02	The average expenditures for Non-institutional Services.
39	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE00-02	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
40	XI.B TOTAL DAYS OF	Calculated	DE00-02	The total days of institutional care for nonwaiver and waiver recipients

	INSTITUTION-AL LONG TERM CARE			

Output Reports MR-O-082B HCFA-372 Technology Assisted

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the Technology Assisted Waiver are Nursing Facilities (Specialized Care) and Inpatient Hospital. Recipients are identified as enrolled in the Technology Assisted Waiver by a Benefit Plan Exception Indicator of 'A' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Technology Assisted Waiver services are identified as follows: Personal Care: Procedure Code Z9489, T1019 or Z4037 , Z9490, G0238 or S9122. Private Duty Nursing: Procedure Code S9125 TD, S9125 TE, T1002, T1003, T1030, T1031, Z9401, Z9402, Z9405 or Z9406. Respite Care: Procedure Code Z9403, S9125, Z9404, Z9425, Z9407, Z9408, T1030 w/ Modifier TD or T1031 w/ Modifier TE. Environmental Modifications: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, 99199 w/ modifier U4 or Y0058. Assistive Technologies: Procedure Code Z8603, Z8604, Z8605, T1999 w/ modifier U5 or T1999. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS

Frequency:	Quarterly/Annual
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Sequence:	Type of Service
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HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                          (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS              PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA (2)                                   DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY (3)                        HEALTH CARE FINANCING ADMINISTI
    WAIVER NUMBER    40149   (4)                                         FORM APPROVED OMB NO. 093
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER (5)
    INITIAL REPORT X    LAG REPORT  (6)                                                          PAGE
                                                                                                  (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                          NURSING FACILITIES     INPATIENT HOS

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                                            ZZZ,ZZ

(9) B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                ZZZ,ZZ9                ZZZ,ZZ
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ
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HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                   QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                               HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    40149                                                   FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
    INITIAL REPORT X    LAG REPORT                                                                   PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                NURSING FACILITIES     INPATIENT HOSPI

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10) A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES                      $$,$$$,$$9            $$,$$$,$$9

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                    $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                    $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                    $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                    $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9

(11) B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES                     $$,$$$,$$9            $$,$$$,$$9
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                    $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
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HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                    QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    40149                                                        FORM APPROVED OMB NO. 0938
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                  NURSING FACILITIES     INPATIENT HOSP

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS
(12)
    A.1.  ACUTE INPATIENT HOSPITAL SERVICES
(13)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    A.2.  PHYSICIANS SERVICES
(14)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
(15)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    A.4.  LABORATORY AND X-RAY SERVICES
(16)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    A.5.  PRESCRIBED DRUGS
(17)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    A.6.  ALL OTHER ACUTE CARE SERVICES
(18)        A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ9

    B.1. TOTAL UNDUPLICATED RECIPIENTS                                ZZZ,ZZ9                ZZZ,ZZ9
(19)
         (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ9
          B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
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HCFA-372 Technology Assisted (MR-O-082B)

MRM221 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO: LONG TERM CARE - DMAS

STATE VIRGINIA
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY
WAIVER NUMBER 40149
WAIVER TITLE TECHNOLOGY ASSISTED WAIVER
INITIAL REPORT X LAG REPORT

DEPARTMENT OF HEALTH AND HUMAN S
HEALTH CARE FINANCING ADMINIST
FORM APPROVED OMB NO. 09

PAG

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIENT HO
IV. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS		
(20) A. TOTAL ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
A.2. PHYSICIAN SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
A.5. PRESCRIBED DRUGS EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
(21) B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$$	$$,$$$,$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$$	$$,$$$,$

HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF MM/DD/YYYY                  QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS              P
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SE
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                HEALTH CARE FINANCING ADMINIST
     WAIVER NUMBER    40149                                                   FORM APPROVED OMB NO. 093
     WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X    LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                          NURSING FACILITIES     INPATIENT HOSPITAL

(22) V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

     A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  PERSONAL CARE                                          ZZZZZ,ZZ9             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9

(24) A.2.  PRIVATE DUTY NURSING                                   ZZZZZ,ZZ9             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9

(25) A.3.  RESPITE CARE                                           ZZZZZ,ZZ9             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9

(26) A.4.  ENVIRONMENTAL MODIFICATIONS                            ZZZZZ,ZZ9             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9

(27) A.5.  ASSISTIVE TECHNOLOGIES                                 ZZZZZ,ZZ9             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9

(28) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS   ZZZZZ,ZZ9             ZZZZZ,ZZ9
           (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9             ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9             ZZZZZ,ZZ9
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HCFA-372 Technology Assisted (MR-O-082B)

MRM221 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO: LONG TERM CARE - DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTRA
WAIVER NUMBER 40149 FORM APPROVED OMB NO. 0938
WAIVER TITLE TECHNOLOGY ASSISTED WAIVER
INITIAL REPORT X LAG REPORT

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIEN
VI. QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES		
(29) A. TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	§§§§§,§§§,§§§	§§§§§,§
A.1. PERSONAL CARE	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
A.2. PRIVATE DUTY NURSING	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
A.3. RESPITE CARE	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
A.4. ENVIRONMENTAL MODIFICATIONS	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
A.5. ASSISTIVE TECHNOLOGIES	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
(30) B.1. AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICE EXPENDITURES (ACTUAL FACTOR C VALUE/S)	§§§§§,§§§,§§§	§§§§§,§
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§
B. FOR DIVERTED WAIVER RECIPIENTS	§§§§§,§§§,§§§	§§§§§,§

HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                    QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PAG
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINISTR
     WAIVER NUMBER    40149                                                          FORM APPROVED OMB NO. 0938
     WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X     LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(31) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                ZZZZZ,ZZ9                ZZZZ
    A.2.  PHYSICIAN SERVICES                                               ZZZZZ,ZZ9                ZZZZ
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                              ZZZZZ,ZZ9                ZZZZ
    A.4.  LABORATORY AND X-RAY SERVICES                                    ZZZZZ,ZZ9                ZZZZ
    A.5.  PRESCRIBED DRUGS                                                 ZZZZZ,ZZ9                ZZZZ
    A.6.  ALL OTHER ACUTE CARE SERVICES                                    ZZZZZ,ZZ9                ZZZZ

(32) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                        ZZZZZ,ZZ9                ZZZZ
          SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9                ZZZZ
          B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9                ZZZZ

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(33) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                      $$$$$,$$$,$$9          $$$$$,$$

    A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                     $$$$$,$$$,$$9          $$$$$,$$
    A.2.  PHYSICIAN SERVICES EXPENDITURES                              $$$$$,$$$,$$9          $$$$$,$$
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES             $$$$$,$$$,$$9          $$$$$,$$
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                   $$$$$,$$$,$$9          $$$$$,$$
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                $$$$$,$$$,$$9          $$$$$,$$
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                   $$$$$,$$$,$$9          $$$$$,$$

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES          $$$$$,$$$,$$9          $$$$$,$$
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                 $$$$$,$$$,$$9          $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                            $$$$$,$$$,$$9          $$$$$,$$

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(35) A.    FORMULA FACTOR H VALUE                                          ZZZZZ,ZZ9                ZZZZ

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(36) A.    FORMULA FACTOR I VALUE                                      $$$$$,$$$,$$9          $$$$$,$$
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HCFA-372 Technology Assisted (MR-O-082B)

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MRM221                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
AS OF MM/DD/YYYY                      QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PAGE NUME
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE              VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SERVICES
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                          HEALTH CARE FINANCING ADMINISTRATION
     WAIVER NUMBER      40149                                                             FORM APPROVED OMB NO. 0938-0272
     WAIVER TITLE       TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X     LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                                        NURSING FACILITIES     INPATIENT HOSPI

    XI.   QUARTERLY OTHER REQUIRED DATA

(37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                        ZZZZZ,ZZ9              ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9              ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9              ZZZZZ,ZZ9

(38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                             ZZZZZ,ZZ9              ZZZZZ,ZZ9
           A. NONWAIVER RECIPIENTS                                                ZZZZZ,ZZ9              ZZZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                   ZZZZZ,ZZ9              ZZZZZ,ZZ9

    C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETAILED
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.      IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIV

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED:

            TITLE:

            DATE:

            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is sub-

				mitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	Nursing Facilities / Inpatient Hospital - Indicates the Levels of Care in the approved waiver. The Levels of Care for the Technology Assisted Waiver are Nursing Facilities (specialized care) and Inpatient Hospital. These are the Levels of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. Level of Care is determined as of the beginning of each waiver fiscal year, July 1, or the beginning of the initial relevant enrollment period, whichever is most recent. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when the following conditions are met: Benefit Plan Exception Indicator of '1' (ICF), an Enrollee Benefit Change Source of '86' (Vent) and age 21 or older. Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)). For the Inpatient Hospital level of care, recipients are identified as institutionalized, not by enrollment, but by the presence of Inpatient Hospital claims with dates of service ending in or spanning the report period. Recipients must be less

				than 21 years of age. Claims for this level of care are identified as Inpatient Hospital claims if either of the following conditions are met: - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for each level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's levels of care. Calculated as follows: For each level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional

				services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when the following conditions are met: Benefit Plan Exception Indicator of '1' (ICF), an Enrollee Benefit Change Source of '86' (Vent) and age 21 or older. Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) - Provider Type 92 (Out-of-State Skilled Care Facility). For the Inpatient Hospital level of care, recipients are identified as institutionalized, not by enrollment, but by the presence of Inpatient Hospital claims with dates of service ending in or spanning the report period. Recipients must be less than 21 years of age. Claims for this level of care are identified as Inpatient Hospital claims if either of the following conditions are met: - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital).

13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated nonwaiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated nonwaiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09

				(UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims

				selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized. Level of Care for Waiver recipients is determined by age. Recipients are reported under Inpatient Hospital if age is less than 21, otherwise recipients are reported under Nursing Facilities.
23	V.A.1 PERSONAL CARE	Calculated	DE0002	A count of participating waiver recipients who have received personal care services. Personal Care Services are identified as follows: Procedure Code Z9489, T1019 or Z4037 , Z9490, G0238 or S9122.
24	V.A.2 PRIVATE DUTY NURSING	Calculated	DE0002	A count of participating waiver recipients who have received private duty nursing services. Private Duty Nursing

				services are identified as follows: Procedure Code S9125 TD, S9125 TE, T1002, T1003, T1030, T1031, Z9401, Z9402, Z9405 or Z9406.
25	V.A.3 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows. Procedure Code Z9403, S9125, Z9404, Z9425, Z9407, Z9408, T1030 w/ Modifier TD or T1031 w/ Modifier TE.
26	V.A.4 ENVIRONMENTAL MODIFICATIONS	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modifications services. Environmental Modifications services are identified as follows. Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, 99199 w/ modifier U4 or Y0058.
27	V.A.5 ASSISTIVE TECHNOLOGIES	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technologies services. Assistive Technologies services are identified as follows. Procedure Code Z8603, Z8604, Z8605, T1999 w/ modifier U5 or T1999.
28	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
29	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-5.
30	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total

	SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)			number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1. - A.5.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
31	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
32	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
33	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
34	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver-/acute care services recipients (section VII) for each level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
35	IX.A FORMULA	Calculated	DE0002	The number of Recipients receiving

	FACTOR H VALUE			Non-institutional Long-Term Care Services.
36	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
37	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
38	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-082C HCFA-372 AIDS Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the HIV/AIDS Waiver are Nursing Facilities and Inpatient Hospital. For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the HIV/AIDS Waiver by a Benefit Plan Exception Indicator of 'E' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. HIV/AIDS Waiver services are identified as follows: Case Management: Procedure Code Z9440 or T1016. Personal Care: Procedure Code Z4035, T1019. Private Duty Nursing: Procedure Code Z9401, T1002, Z9402 or T1003. Respite Care: Procedure Code Z9403, S9125 TD, Z9404, S9125 TE, Z9421 or T1005. Consumer Directed Respite: Procedure Code Y0064, or S5150. Facilitator Expenditures: Procedure Code Z9560, H2000, Z9566, S5109, Z9562, 99509, Z9564, T1028, Z9568, S5116, Z9570, 99199, Y0061, 99199 w/ modifier of U1, Z8811, Z9590, 99080, or G9002. Nutritional Supplements: Procedure Code B4154 or B4155. Consumer-Directed Personal Assistant: Procedure Code Y0078, OR S5126. Recipients are also included in this report if they have an Inpatient claim with an Aids diagnosis ('042' through '0449", '1363', '11501', '11502', and '11592') and dates of service overlapping the reporting period. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per

recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

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HCFA-372 AIDS Waiver (MR-O-082C)

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MRM222                                  (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/YYYY                       QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS                P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE             VIRGINIA (2)                                          DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY (3)                               HEALTH CARE FINANCING ADMINIS
    WAIVER NUMBER     4160.90 (4)                                                 FORM APPROVED OMB NO. 09
    WAIVER TITLE      AIDS WAIVER (5)
    INITIAL REPORT X     LAG REPORT (6)                                                                        PAG
                                                                                                                (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                                    NURSING FACILITIES     INPATIENT HO

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,Z
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,Z

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,Z
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,Z

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,Z
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,Z

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,Z
           B. WAIVER RECIPIENTS                                                                    ZZZ,Z

(9) B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                        ZZZ,ZZ9                ZZZ,Z
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,Z
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,Z
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HCFA-372 AIDS Waiver (MR-O-082C)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF:MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PAGE
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HCFA-372 - MRM222
DELIVER TO: COMMUNITY BASE CARE - DMAS

STATE VIRGINIA
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY
WAIVER NUMBER 4160.90
WAIVER TITLE AIDS WAIVER
INITIAL REPORT X LAG REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVI
HEALTH CARE FINANCING ADMINISTRAT
FORM APPROVED OMB NO. 0938-0

PAGE 01

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIENT HOSPIT
II. QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER		
(10) A. TOTAL INSTITUTIONAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A.1. ICF/MR SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.2. NURSING FACILITIES SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.4. HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
(11) B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9

HCFA-372 AIDS Waiver (MR-O-082C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    4160.90                                                        FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT HOSPI

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTION

(12) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13) A.1.  ACUTE INPATIENT HOSPITAL SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(14) A.2.  PHYSICIANS SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(15) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(16) A.4.  LABORATORY AND X-RAY SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(17) A.5.  PRESCRIBED DRUGS
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(18) A.6.  ALL OTHER ACUTE CARE SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

(19) B.1. TOTAL UNDUPLICATED RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ9

         (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                         ZZZ,ZZ9                ZZZ,ZZ9
          B. WAIVER RECIPIENTS                                            ZZZ,ZZ9                ZZZ,ZZ9
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HCFA-372 AIDS Waiver (MR-O-082C)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO: LONG TERM CARE - DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTRA
WAIVER NUMBER 4160.90 FORM APPROVED OMB NO. 0938
WAIVER TITLE AIDS WAIVER
INITIAL REPORT X LAG REPORT PAGE

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIENT HOSP
IV. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS		
(20) A. TOTAL ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.2. PHYSICIAN SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.5. PRESCRIBED DRUGS EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
(21) B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9

HCFA-372 AIDS Waiver (MR-O-082C)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/YYYY                      QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE              VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD   MM/DD/YYYY-MM/DD/YYYY                                HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER      4160.90                                                 FORM APPROVED OMB NO. 09
    WAIVER TITLE       AIDS WAIVER
    INITIAL REPORT X     LAG REPORT                                                                    PAG

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES/INPATIENT HOS

    V.     QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  CASE MANAGEMENT                                                  ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(24) A.2.  PERSONAL CARE                                                    ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(25) A.3.  PRIVATE DUTY NURSING                                             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(26) A.4.  RESPITE CARE                                                     ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(27) A.5.  CONSUMER DIRECTED RESPITE CARE                                   ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(28) A.6.  NUTRITIONAL SUPPLEMENTS                                          ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(29) A.7.  CONSUMER DIRECTED PERSONAL ASSISTANT                             ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(30) A.8.  FACILITATOR EXPENDITURES                                         ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9

(31) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS             ZZZZZ,ZZ9
           (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                         ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                    ZZZZZ,ZZ9
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HCFA-372 AIDS Waiver (MR-O-082C)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO: COMMUNITY BASE CARE-DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTR
WAIVER NUMBER 4160.90 FORM APPROVED OMB NO. 0938
WAIVER TITLE AIDS WAIVER
INITIAL REPORT X LAG REPORT PAGE

LEVEL/S OF CARE IN APPROVED WAIVER NURSING FACILITIES/INPATIENT

VI. QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

32 A. TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES $$$$$,$$
(SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

A.1. CASE MANAGEMENT EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.2. PERSONAL CARE EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.3. PRIVATE DUTY NURSING EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.4. RESPITE CARE EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.5. CONSUMER DIRECTED RESPITE CARE EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.6. NUTRITIONAL SUPPLEMENTS EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.7. CONSUMER DIRECTED PERSONAL ASSISTANT EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

A.8. FACILITATOR EXPENDITURES $$$$$,$$
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

33 B.1. AVERAGE PER CAPITA SECTION 1915(C) WAIVER $$$$$,$$
SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS $$$$$,$$
B. FOR DIVERTED WAIVER RECIPIENTS $$$$$,$$

HCFA-372 AIDS Waiver (MR-O-082C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                   QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    4160.90                                                         FORM APPROVED OMB NO. 0938
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                      NURSING FACILITIES/INPATIEN

   VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(31) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

   A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                              ZZZZ
   A.2.  PHYSICIAN SERVICES                                                                             ZZZZ
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                            ZZZZ
   A.4.  LABORATORY AND X-RAY SERVICES                                                                  ZZZZ
   A.5.  PRESCRIBED DRUGS                                                                               ZZZZ
   A.6.  ALL OTHER ACUTE CARE SERVICES                                                                  ZZZZ

(32) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                                     ZZZZ
         SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                       ZZZZ
         B. DIVERTED WAIVER RECIPIENTS                                                                  ZZZZ

   VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(33) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                  $$$$$,$$

   A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                                   $$$$$,$$
   A.2.  PHYSICIAN SERVICES EXPENDITURES                                                            $$$$$,$$
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                           $$$$$,$$
   A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                 $$$$$,$$
   A.5.  PRESCRIBED DRUGS EXPENDITURES                                                              $$$$$,$$
   A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                 $$$$$,$$

   B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                        $$$$$,$$
         TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
         B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

   IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(35) A.    FORMULA FACTOR H VALUE                                                                       ZZZZ

   X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(36) A.    FORMULA FACTOR I VALUE                                                                  $$$$$,$$
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HCFA-372 AIDS Waiver (MR-O-082C)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                      QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    4160.90                                                          FORM APPROVED OMB NO. 0938
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                          NURSING FACILITIES/INPATIENT

   XI.   QUARTERLY OTHER REQUIRED DATA

 (37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                                ZZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                       ZZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                  ZZZZ

 (38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                          ZZZZZ,ZZ9                  ZZZZ
            A. NONWAIVER RECIPIENTS                                             ZZZZZ,ZZ9                  ZZZZ
            B. WAIVER RECIPIENTS                                                ZZZZZ,ZZ9                  ZZZZ

    C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DET
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.

    D.      IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED,
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER T

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WER
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON TH
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED:

            TITLE:

            DATE:

            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is sub-

				mitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	Indicates the Levels of Care in the approved waiver. The Levels of Care for the HIV/AIDS Waiver are Nursing Facilities and Inpatient Hospital. These are the Levels of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. Level of Care is determined as of the beginning of each waiver fiscal year, July 1, or the beginning of the initial relevant enrollment period, whichever is most recent. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF), and Provider Type 10 (Skilled Nursing Home Non Mental Health) or 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State) and Provider Type 92 (Out-of-State Skilled Care Facility). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex) or 92 (rehab). Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim Type 02 (UB92-Nursing

				Home (SNF)). For the Inpatient Hospital level of care, recipients are identified as institutionalized based on the occurrence of a Claim Type 01 (UB92-Hospital Inpatient) or 09 (XOV -Title-18) Part A service with and AIDS diagnosis occurring during the reporting period. The AIDS diagnosis codes are '042 ' thru '0449 ', '1363 ' , '11501', '11502', '11592'. Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator of 'L' (Long Stay Hospital) and an Enrollee Benefit Change Source of '86' (Vent), '89' (Complex) or '92' (Rehab). Claims for these recipients are identified as Inpatient Hospital claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital). In Sections V - XI, AIDS Waiver Recipients and Services are report in one combined, Nursing Facilities and Inpatient Hospital, Level of Care column.
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL	Calculated	DE0002	The total expenditures for services

	INSTITUTIONAL SERVICES EXPENDITURES			received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for each level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's levels of care. Calculated as follows: For each level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated nonwaiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. A recipient is identified as institutionalized based on enrollment as described in Section I. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III.
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 04 (Long Stay Hospital), 14 (Rehab Hospital) or 85 (Out-of-State Rehab Hospital) - Claim Type 01 (Inpatient Hospital) and

				Provider Type 04 (Long Stay Hospital), 14 (Rehab Hospital) or 85 (Out-of-State Rehab Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider

				Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these ser-

				vices reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized. Recipients of AIDS Waiver Services reported in Sections V, VI, VII, VIII, IX, X and in line XI.A. are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital).
23	V.A.1 CASE MANAGEMENT SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received case management services. Case Management services are identified as follows: Procedure Code: Z9440 or T1016.
24	V.A.2 PERSONAL CARE SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received personal care services. Personal Care services are identified as follows: Procedure Code: Z4035, T1019.
25	V.A.3 PRIVATE DUTY NURSING SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received private duty nursing services. Private Duty Nursing services are identified as follows: Procedure Code Z9401, T1002, Z9402 or T1003.
26	V.A.4 RESPITE CARE SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9403, S9125 TD, Z9404, S9125 TE, Z9421 or T1005.
27	V.A.5 CONSUMER DIRECTED RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received Consumer Directed Respite Care services. Consumer Directed Respite Care services

				are identified as follows: Procedure Code Y0064, or S5150.
28	V.A.6 NUTRITIONAL SUPPLEMENTS	Calculated	DE0002	A count of participating waiver recipients who have received nutritional supplements services. Nutritional Supplements services are identified as follows: Procedure Code B4154 or B4155.
29	V.A.7 CONSUMER DIRECTED PERSONAL ASSISTANT	Calculated	DE0002	A count of participating waiver recipients who have received Consumer Directed Personal Assistant services. Consumer Directed Personal Assistant services are identified as follows: Procedure Code Y0078, or S5126.
30	V.A.8 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditures services. Facilitator Expenditures services are identified as follows: Procedure Code Z9560, H2000, Z9566, S5109, Z9562, 99509, Z9564, T1028, Z9568, S5116, Z9570, 99199, Y0061, 99199 w/ modifier of U1, Z8811, Z9590, 99080, or G9002.
31	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for each level of care in the approved waiver.
32	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-8.
33	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for

	(ACTUAL FACTOR D VALUE/S)			each level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.8.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
34	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
35	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
36	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
37	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver-/acute care services recipients (section VII) for each level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
38	IX.A FORMULA FACTOR H	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Ser-

	VALUE			vices.
39	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
40	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
41	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-082D HCFA-372 Mental Retardation

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Mental Retardation Waiver is ICF/MR. Recipients are identified as enrolled in the Mental Retardation waiver by a Benefit Plan Exception Indicator of 'X' or 'Y' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Mental Retardation waiver services are identified as follows: Day Support: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1. Prevocational Services: Procedure code H2025 or H2025 w/modifier U1. Supported Employment: Procedure Code Z8597, Z8598 or H2023, H2024. Congregate Residential Support: Procedure Code Z8551, 97535. In-home Residential Support: Procedure Code Z8595 or H2014. Therapeutic Consultation: Procedure Code Z8565 or 97139. Personal Assistance: Procedure Code Z4036 or T1019. CD Personal Assistance: Procedure Code Y0078, S5126. Facilitator Expenditures: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, or G9002. Respite Care: Procedure Code Z9421 or T1005. CD Respite Care: Procedure Code Y0064, S5150. Companion Care: Procedure Code Y0070 or S5135. CD Companion Care: Procedure code S5136. Skilled Nursing: Procedure Code Z9401, Z9402, T1002, or T1003. Environmental Modification: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4. Assistive Technology: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5. Crisis Stabilization: Procedure Code Z8999 or H2011. Crisis Supervision: Procedure Code Z8899 or H0040. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'. Medication Monitoring: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services

recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
Volume:	Variable
Number of Copies:	1
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Distribution:	DMAS MARS Unit
Program:	HCFA-372 - Reporting (MRM222)
Confidential:	No
Sequence:	Type of Service
Control Breaks:	Type of Service

HCFA-372 Mental Retardation (MR-O-082D)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS PA
RUN DATE: MM/DD/YYYY HH:MM (1)

HCFA-372 - MRM222
DELIVER TO: LONG TERM CARE-DMAS

STATE VIRGINIA (2) DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD 01/01/2001-03/31/2001 (3) HEALTH CARE FINANCING ADMINISTR
WAIVER NUMBER 0273 (4) FORM APPROVED OMB NO. 0938
WAIVER TITLE MR WAIVER (5)
INITIAL REPORT X LAG REPORT (6) PAGE

LEVEL/S OF CARE IN APPROVED WAIVER (7) IC

I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A. INSTITUTIONAL SERVICES RECIPIENTS (8)

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES (9) ZZ
RECIPIENTS (ACTUAL FACTOR A VALUE/S)
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF 06/30/2001                   QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS               PA
RUN DATE: 06/30/2001 15:49

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DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                     HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0273                                                           FORM APPROVED OMB NO. 0938
    WAIVER TITLE     MR WAIVER
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    LEVEL/S OF CARE IN APPROVED WAIVER

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES      (10)                                                $$

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES      (11)                                                $$
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                               HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0273                                                     FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X    LAG REPORT                                                                   PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  IC

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS(12)

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES (13)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    A.2.  PHYSICIANS SERVICES (14)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES(15)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    A.4.  LABORATORY AND X-RAY SERVICES(16)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    A.5.  PRESCRIBED DRUGS (17)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    A.6.  ALL OTHER ACUTE CARE SERVICES(18)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ

    B.1.  TOTAL UNDUPLICATED RECIPIENTS(19)                                                             ZZ
          (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                       ZZ
          B. WAIVER RECIPIENTS                                                                          ZZ
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
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    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD 01/01/2001-03/31/2001                                     HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0273                                                          FORM APPROVED OMB NO. 0938-
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    LEVEL/S OF CARE IN APPROVED WAIVER

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES (20)                                                        $$,

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                     $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                                    $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                   $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                         $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                      $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                         $$,
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES(21)                                            $$,
          FOR INSTITUTIONAL SERVICES RECIPIENTS
          (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                        $$,
          B. FOR WAIVER RECIPIENTS                                                                           $$,
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
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    STATE              VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD   01/01/2001-03/31/2001                                        HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER      0273                                                              FORM APPROVED OMB NO. 093
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    INITIAL REPORT X     LAG REPORT                                                                          PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                          I

    V.     QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.     HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.   DAY SUPPORT                                                                                          2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(24) A.2.   PREVOCATIONAL SERVICES                                                                              2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(25) A.3.   SUPPORTED EMPLOYMENT                                                                                2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(26) A.4.   CONGREGATE RESIDENTIAL SUPPORT                                                                      2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(27) A.5.   IN-HOME RESIDENTIAL SUPPORT                                                                         2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(28) A.6.   THERAPEUTIC CONSULTATION                                                                            2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(29) A.7.   PERSONAL ASSISTANCE                                                                                 2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(30) A.8.   CD PERSONAL ASSISTANCE                                                                              2
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2

(42) B.1.   TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                                2
            (ACTUAL FACTOR C VALUE/S)
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                            2
            B. DIVERTED WAIVER RECIPIENTS                                                                       2
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HCFA-372 Mental Retardation (MR-O-082D)

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    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
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    WAIVER NUMBER    0273                                                          FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     MR WAIVER
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                   ICF

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(31) A.9.  FACILITATOR EXPENDITURES                                                                      ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(32) A.10. RESPITE CARE                                                                                  ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(33) A.11. CD RESPITE CARE                                                                               ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(34) A.12. COMPANION CARE                                                                                ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(35) A.13. CD COMPANION CARE                                                                             ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(36) A.14. SKILLED NURSING                                                                               ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(37) A.15  ENVIRONMENTAL MODIFICATION                                                                    ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(38) A.16. ASSISTIVE TECHNOLOGY                                                                          ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                        HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0273                                                              FORM APPROVED OMB NO. 0938
    WAIVER TITLE     MR WAIVER
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      IC

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(39) A.17. CRISIS STABILIZATION                                                                             ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(40) A.18. CRISIS SUPERVISION                                                                               ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(41) A.19. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                                                        ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(42) A.20. MEDICATION MONITORING                                                                            ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE              VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                  HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     0273                                                     FORM APPROVED OMB NO. 0938-0
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    INITIAL REPORT X    LAG REPORT                                                                   PAGE 03

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITUR 43                        $$,$$$,$$9
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES                                                                  $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.2.  PREVOCATIONAL SERVICES EXPENDITURES                                                       $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.3.  SUPPORTED EMPLOYMENT EXPENDITURES                                                         $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.4.  CONGREGATE RESIDENTIAL SUPPORT EXPENDITURES                                               $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.5.  IN-HOME RESIDENTIAL SUPPORT EXPENDITURES                                                  $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.6.  THERAPEUTIC CONSULTATION EXPENDITURES                                                     $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.7.  PERSONAL ASSISTANCE EXPENDITURES                                                          $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    A.8.  CD PERSONAL ASSISTANCE EXPENDITURES                                                       $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9

    B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER      44                                         $$,$$$,$$9
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                         $$,$$$,$$9
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
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    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SERV
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                              ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                         $$,$$$,$$9
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.9.  FACILITATOR EXPENDITURES                                                                 $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.10. RESPITE CARE EXPENDITURES                                                                $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.11. CD RESPITE CARE EXPENDITURES                                                             $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.12. COMPANION CARE EXPENDITURES                                                              $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.13. CD COMPANION CARE EXPENDITURES                                                           $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.14. SKILLED NURSING EXPENDITURES                                                             $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.15. ENVIRONMENTAL MODIFICATION EXPENDITURES                                                  $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9

    A.16. ASSISTIVE TECHNOLOGY EXPENDITURES                                                        $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                        $$,$$$,$$9
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
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    WAIVER NUMBER    0273                                                          FORM APPROVED OMB NO. 0938
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                            $$,$$$,$$$
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.17. CRISIS STABILIZATION EXPENDITURES                                                           $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.18. CRISIS SUPERVISION EXPENDITURES                                                             $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.19. PERSONAL EMERGENCY RESPONSE SYSTEM EXPENDITURES(PERS)                                       $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.20. MEDICATION MONITORING EXPENDITURES                                                          $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$
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HCFA-372 Mental Retardation (MR-O-082D)

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    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
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    WAIVER TITLE     MR WAIVER
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                 ICF/MR

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS  (45)

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                            ZZZ,ZZ9
    A.2.  PHYSICIANS SERVICES                                                                          ZZZ,ZZ9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                          ZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                                                ZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                                             ZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                                ZZZ,ZZ9

    B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES  (46)                                      ZZZ,ZZ9
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ,ZZ9

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES  (47)                                          $$,$$$,$$9

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                        $$,$$$,$$9
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                       $$,$$$,$$9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                      $$,$$$,$$9
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                            $$,$$$,$$9
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                         $$,$$$,$$9
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                            $$,$$$,$$9

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES  (48)                             $$,$$$,$$9
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                          $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                     $$,$$$,$$9

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

    A.    FORMULA FACTOR H VALUE  (49)                                                          $$,$$$,$$9

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

    A.    FORMULA FACTOR I VALUE  (50)                                                          $$,$$$,$$9
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HCFA-372 Mental Retardation (MR-O-082D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF 06/30/2001                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS             P
RUN DATE: 06/30/2001 15:49

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

    STATE              VIRGINIA                                      DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD 01/01/2001-03/31/2001                              HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER      0227                                                 FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE       MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                              PAGE 05

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                ICF/MR

    XI.   QUARTERLY OTHER REQUIRED DATA

    A.    TOTAL DAYS OF WAIVERED COVERAGE   (51)                                                     ZZZ,ZZ9
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                   ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                              ZZZ,ZZ9

    B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE   (52)                                          ZZZ,ZZ9
          A. NONWAIVER RECIPIENTS                                                                    ZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                       ZZZ,ZZ9

    C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DE
           EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER

    D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

           ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAV
             TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED
             CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

           DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER

           FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WE
             DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
             DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

           CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON T
                           HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

           SIGNED:

           TITLE:

           DATE:

           CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is sub-

				mitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Mental Retardation Waiver is ICF/MR. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The Mental Retardation waiver has only one Level of Care so only one column is displayed. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL INSTITUTIONAL SERVICES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under

	EXPENDITURES			the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hos-

				pital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08

				(HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of

				unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code Z8556, Z8557, Z8560, Z8561 or 97537 or 97537 w/modifier U3.
24	V.A.2 PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure code H2025 or H2025 w/modifier U3.
25	V.A.3 SUPPORTED EMPLOYMENT	Calculated	DE0002	A count of participating waiver recipients who have received Supported Employment services. Supported Employment services are identified as follows: Procedure Code Z8597, Z8598 or H2023, H2024.
26	V.A.4 CONGREGATE RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Congregate Residential Support services. Congregate Residential Support services are identified as follows: Procedure Code Z8551, 97535.
27	V.A.5 IN-HOME RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received In-Home Residential Support services. In-Home Residential Support services are identified as follows: Procedure Code Z8595 or H2014.

28	V.A.6 THERAPEUTIC CONSULTATION	Calculated	DE0002	A count of participating waiver recipients who have received Therapeutic Consultation services. Therapeutic Consultation services are identified as follows: Procedure Code Z8565 or 97139.
29	V.A.7 PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received personal assistance services. Personal Assistance services are identified as follows: Procedure Code: Z4036 or T1019.
30	V.A.8 CD PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received CD Personal Assistance services. CD Personal Assistance services are identified as follows: Procedure Code Y0078, S5126.
31	V.A.9 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditures services. Facilitator Expenditures services are identified as follows: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, or G9002.
32	V.A.10 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421 or T1005.
33	V.A.11 CD RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD respite care services. CD Respite Care services are identified as follows: Procedure Code Y0064, S5150.
34	V.A.12 COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received Companion Care services. Companion Care services are identified as follows: Procedure Code Y0070 or S5135.
35	V.A.13 CD COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Companion Care services. CD Companion

				Care services are identified as follows: Procedure code S5136.
36	V.A.14 SKILLED NURSING	Calculated	DE0002	A count of participating waiver recipients who have received Skilled Nursing services. Skilled Nursing services are identified as follows: Procedure Code Z9401, Z9402, T1002, or T1003.
37	V.A.15 ENVIRONMENTAL MODIFICATION	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modification services. Environmental Modification services are identified as follows: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4.
38	V.A.16 ASSISTIVE TECHNOLOGY	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technology services. Assistive Technology services are identified as follows: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5.
39	V.A.17 CRISIS STABILIZATION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Stabilization services. Crisis Stabilization services are identified as follows: Procedure Code Z8999, H2011.
40	V.A.18 CRISIS SUPERVISION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Supervision services. Crisis Supervision services are identified as follows: Procedure Code Z8899, H0040.
41	V.A.19 MEDICATION MONITORING	Calculated	DE0002	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185.
42	V.A.20 PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	Calculated	DE0002	A count of participating waiver recipients who have received Personal Emergency Response services. Personal Emergency Response services are identified as follows: Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure

				Modifier 'TD', or H2021 w/ a Procedure 'TE'.
43	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
44	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-19.
45	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.19.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
46	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
47	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during

	SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)			the reporting period.
48	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total dein-stitutionalized and diverted waiver-/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these ser-vices reported in section VII, line B.1.
49	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Ser-vices.
50	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
51	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver ser-vices during the reporting period.
52	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients
53	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.

Output Reports MR-O-082G HCFA-372 IFDDS Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Individual and Family Developmental Disabilities Support (IFDDS) Waiver is ICF/MR. Recipients are identified as enrolled in the IFDDS waiver by a Benefit Plan Exception Indicator of 'R' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. IFDDS waiver services are identified as follows: Day Support: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1. Prevocational Services: Procedure code H2025 or H2025 w/modifier U1. Supported Employment: Procedure Code Z8597, Z8598 or H2023, H2024. In-home Residential Support: Procedure Code Z8595 or H2014. Therapeutic Consultation: Procedure Code Z8565 or 97139. Personal Assistance: Procedure Code Z4036 or T1019. Respite Care: Procedure Code Z9421 or T1005. Skilled Nursing: Procedure Code Y0059, Y0060, T1002, or T1003. Environmental Modification: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4. Assistive Technology: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5. Crisis Stabilization: Procedure Code Y0056 or H2011. Crisis Supervision: Procedure Code Y0057 or H0040. CD Personal Assistance: Procedure Code Y0078 or S5126. Facilitator Expenditures: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, G9002, Y0069, Y0062, Y0063, Z9562 or Z9564. Companion Care: Procedure Code Y0070 or S5135. CD Companion Care: Procedure code S5136. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'. Medication Monitoring: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185. Family Caregiver Training: Procedure Code Y0077 or S5111. CD Respite Care: Procedure Code Y0064, S5150. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated

recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
Volume:	Variable
Number of Copies:	1
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Confidential:	No
Sequence:	Type of Service
Control Breaks:	Type of Service

HCFA-372 IFDDS Waiver (MR-O-082G)

MRM225 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF:MM/DD/YYYY (1) QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PAGE
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO: LONG TERM CARE-DMAS

(2) STATE VIRGINIA DEPARTMENT OF HEALTH AND
(3) REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING
(4) WAIVER NUMBER 0358 FORM APPROVED OME
(5) WAIVER TITLE IFDDS WAIVER
(6) INITIAL REPORT X LAG REPORT

(7) LEVEL/S OF CARE IN APPROVED WAIVER IFI

I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A. INSTITUTIONAL SERVICES RECIPIENTS

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZZ,Z
B. WAIVER RECIPIENTS ZZZ,Z

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZZ,Z
B. WAIVER RECIPIENTS ZZZ,Z

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZZ,Z
B. WAIVER RECIPIENTS ZZZ,Z

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZZ,Z
B. WAIVER RECIPIENTS ZZZ,Z

(9) B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES
RECIPIENTS (ACTUAL FACTOR A VALUE/S) ZZZ,Z
A. NONWAIVER RECIPIENTS ZZZ,Z
B. WAIVER RECIPIENTS ZZZ,Z

HCFA-372 IFDDS Waiver (MR-O-082G)

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MRM225                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY              QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PA
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AN
    REPORTING PERIOD 10/01/2000-12/31/2000                                        HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                              FORM APPROVED O
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  IF

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10)  A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES

      A.1.  ICF/MR SERVICES EXPENDITURES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.2.  NURSING FACILITIES SERVICES EXPENDITURES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

(11)  B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES
            EXPENDITURES (ACTUAL FACTOR B VALUE/S)
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS
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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
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HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AND HUMAN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCING ADMIN
    WAIVER NUMBER    0358                                                               FORM APPROVED OMB NO.
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IFDDS

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIONAL

(12)  A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13)  A.1.  ACUTE INPATIENT HOSPITAL SERVICES
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,999
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(14)  A.2.  PHYSICIANS SERVICES
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(15)  A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(16)  A.4.  LABORATORY AND X-RAY SERVICES
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(17)  A.5.  PRESCRIBED DRUGS
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(18)  A.6.  ALL OTHER ACUTE CARE SERVICES
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9

(19)  B.1.  TOTAL UNDUPLICATED RECIPIENTS                                                            ZZZ,ZZ9
            (ACTUAL FACTOR A VALUE/S)
            A. NONWAIVER RECIPIENTS                                                                  ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                     ZZZ,ZZ9
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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:MM/DD/YYYY                 QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PAGE NUMBE
RUN DATE: MM/DD/YYYY HH:MM
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DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCING ADMINIS
    WAIVER NUMBER    0358                                                             FORM APPROVED OMB NO. 0S
    WAIVER TITLE     IFDDS WAIVER
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                              IFDDS

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20)  A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                  $$,$$$,

      A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                          $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

      A.2.  PHYSICIAN SERVICES EXPENDITURES                                                         $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

      A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                        $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

      A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                              $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

      A.5.  PRESCRIBED DRUGS EXPENDITURES                                                           $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

      A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                              $$,$$$,
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,

(21)  B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                     $$,$$$,
            FOR INSTITUTIONAL SERVICES RECIPIENTS
            (ACTUAL FACTOR B VALUE/S)
            A. FOR NONWAIVER RECIPIENTS                                                             $$,$$$,
            B. FOR WAIVER RECIPIENTS                                                                $$,$$$,
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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                              FORM APPROVED O
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    IF

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22)  A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23)  A.1.  DAY SUPPORT                                                                                   ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(24)  A.2.  SUPPORTED EMPLOYMENT                                                                          ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(25)  A.3.  PREVOCATIONAL SERVICES                                                                        ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(26)  A.4.  IN-HOME RESIDENTIAL SUPPORT                                                                   ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(27)  A.5.  THERAPEUTIC CONSULTATION                                                                      ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(28)  A.6.  PERSONAL ASSISTANCE                                                                           ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(29)  A.7.  RESPITE CARE                                                                                  ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(30)  A.8.  SKILLED NURSING                                                                               ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(42)  B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                          ZZZ
            (ACTUAL FACTOR C VALUE/S)
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                             FORM APPROVED O
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IF

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(31)  A.9.  ENVIRONMENTAL MODIFICATION                                                              ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(32)  A.10. ASSISTIVE TECHNOLOGY                                                                    ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(33)  A.11. CRISIS STABILIZATION                                                                    ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(34)  A.12. CRISIS SUPERVISION                                                                      ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(35)  A.13. CD PERSONAL ASSISTANCE                                                                  ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(36)  A.14. FACILITATOR EXPENSES                                                                    ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(37)  A.15. COMPANION CARE                                                                          ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(38)  A.16. CD COMPANION CARE                                                                       ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ

(39)  A.17. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                                               ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                           ZZZ
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MRM225                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING
    WAIVER NUMBER    0358                                                              FORM APPROVED OM
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    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IFD

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(40)  A.18. MEDICATION MONITORING                                                                     ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                             ZZZ,

(41)  A.19. FAMILY CAREGIVER TRAINING                                                                 ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                             ZZZ,

(42)  A.20. CD RESPITE CARE                                                                           ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                             ZZZ,
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    STATE            VIRGINIA                                                          DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                                HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                                      FORM APPROVED (
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

(43)  A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.2.  SUPPORTED EMPLOYMENT EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.3.  PREVOCATIONAL SERVICES EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.4.  IN-HOMR RESIDENTIAL SUPPORT EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.5.  THERAPEUTIC CONSULTATION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.6.  PERSONAL CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.7.  RESPITE CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.8.  SKILLED NURSING EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

(44)  B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER
            SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS
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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
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RUN DATE: MM/DD/YYYY HH:MM
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    STATE            VIRGINIA                                                          DEPARTMENT OF HEALTH AND
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                                HEALTH CARE FINANCING
    WAIVER NUMBER    0358                                                                      FORM APPROVED OM
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT


    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.9.  ENVIRONMENTAL MODIFICATION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.10. ASSISTIVE TECHNOLOGY EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.11. CRISIS STABILIZATION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.12. CRISIS SUPERVISION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.13. CD PERSONAL EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.14. FACILITATOR EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.15. COMPANION CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.16. CD COMPANION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.17. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS
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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
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RUN DATE: MM/DD/YYYY HH:MM
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    STATE            VIRGINIA                                                          DEPARTMENT OF HEALTH AND
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                                HEALTH CARE FINANCING
    WAIVER NUMBER    0358                                                                      FORM APPROVED OM
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    INITIAL REPORT X    LAG REPORT


    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.18. MEDICATION MONITORING EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.19. FAMILY CAREGIVER EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.20. CD RESPITE CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND
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    WAIVER NUMBER    0358                                                             FORM APPROVED OM
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IFD

(45) VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

     A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES
     A.2.  PHYSICIANS SERVICES
     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
     A.4.  LABORATORY AND X-RAY SERVICES
     A.5.  PRESCRIBED DRUGS
     A.6.  ALL OTHER ACUTE CARE SERVICES

(46) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES
           RECIPIENTS (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS
           B. DIVERTED WAIVER RECIPIENTS

     VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(47) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                  $$

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                          $$
     A.2.  PHYSICIAN SERVICES EXPENDITURES                                                         $$
     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                        $$
     A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                              $$
     A.5.  PRESCRIBED DRUGS EXPENDITURES                                                           $$
     A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                              $$

(48) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                     $$
           TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                            $$
           B. FOR DIVERTED WAIVER RECIPIENTS                                                       $$

     IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(49) A.    FORMULA FACTOR H VALUE

      X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(50) A.    FORMULA FACTOR I VALUE                                                                  $$
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MRM225                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCIN
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IF

    XI.   QUARTERLY OTHER REQUIRED DATA

(51) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                          ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                            ZZZ

(52) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                                               ZZZ
           A. NONWAIVER RECIPIENTS                                                                  ZZZ
           B. WAIVER RECIPIENTS                                                                     ZZZ

     C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAI

     D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.
            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICEN
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UND
            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDE
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.
            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN O
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
            SIGNED:
            TITLE:
            DATE:
            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag	Calculated	DE0002	Indicates an initial report or a lag

	Report			report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Individual and Family Developmental Disabilities Support (IFDDS) Waiver is ICF/MR. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The IFDDS waiver has only one Level of Care so only one column is displayed. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL	Calculated	DE0002	The total expenditures for services

	INSTITUTIONAL SERVICES EXPENDITURES			received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions

				are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray

				Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care ser-

				vices (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1.
24	V.A.2 PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure code H2025 or H2025 w/modifier U3.
25	V.A.3 SUPPORTED EMPLOYMENT	Calculated	DE0002	A count of participating waiver recipients who have received Supported Employment services. Supported Employment services are identified as follows: Procedure Code Z8597, Z8598 or H2023, H2024.
26	V.A.4 IN-HOME RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received In-home Residential Support services. In-home Residential Support services are identified as follows: Procedure Code Z8595 or H2014.
27	V.A.5 THERAPEUTIC CONSULTATION	Calculated	DE0002	A count of participating waiver recipients who have received Therapeutic Consultation services. Therapeutic Consultation services are identified as

				follows: Procedure Code Z8565 or 97139.
28	V.A.6 PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received personal assistance services. Personal Assistance Services are identified as follows: Procedure Code Z4036 or T1019.
29	V.A.7 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421 or T1005.
29	V.A.7 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421 or T1005.
30	V.A.8 SKILLED NURSING	Calculated	DE0002	A count of participating waiver recipients who have received Skilled Nursing services. Skilled Nursing services are identified as follows: Procedure Code Y0059, Y0060, T1002, or T1003.
31	V.A.9 ENVIRONMENTAL MODIFICATION	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modification services. Environmental Modification services are identified as follows: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4.
32	V.A.10 ASSISTIVE TECHNOLOGY	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technology services. Assistive Technology services are identified as follows: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5.
33	V.A.11 CRISIS STABILIZATION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Stabilization services. Crisis Stabilization services are identified as follows: Procedure Code Y0056 or H2011.
34	V.A.12 CRISIS SUPERVISION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Super-

				vision services. Crisis Supervision services are identified as follows: Procedure Code Y0057 or H0040.
35	V.A.13 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditure services. Facilitator Expenditure services are identified as follows: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, G9002, Y0069, Y0062, Y0063, Z9562 or Z9564.
36	V.A.14 COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received Companion Care services. Companion Care services are identified as follows: Procedure Code Y0070 or S5135.
37	V.A.15 CD COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Companion Care services. CD Companion Care services are identified as follows: Procedure code S5136.
38	V.A.16 CD PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received CD Personal Assistance services. CD Personal Assistance services are identified as follows: Procedure Code Y0078 or S5126.
39	V.A.17 MEDICATION MONITORING	Calculated	DE0002	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185.
40	V.A.18 FAMILY CAREGIVER TRAINING	Calculated	DE0002	A count of participating waiver recipients who have received Family Caregiver Training services. Family Caregiver Training services are identified as follows: Procedure Code Y0077 or SS608.
41	V.A.19 CD RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Respite services. CD Respite services are identified as follows: Procedure Code

				Y0064, S5150.
42	V.A.20 PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	Calculated	DE0002	A count of participating waiver recipients who have received Personal Emergency Response System services. Personal Emergency Response System services are identified as follows: Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'.
43	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-19.
44	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.19.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
45	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
46	VII.B.1 TOTAL UNDUPLICATED WAIVER AND	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who

	ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)			received acute care services during the reporting period.
47	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
48	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total dein-stitutionalized and diverted waiver-/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these ser-vices reported in section VII, line B.1.
49	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Ser-vices.
50	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
51	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver ser-vices during the reporting period.
52	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients
53	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.

Output Reports MR-O-082I HCFA 372 Day Support

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Day Support Waiver is Nursing Facilities . For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the Day Support Waiver by a Benefit Plan Exception Indicator of 'S' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Day Support Waiver services are identified with procedure codes '97537', '97537U1', 'H2025' and 'H2025U1'. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

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HCFA 372 Day Support (MR-O-082I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                      QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS            PA
RUN DATE: MM/DD/YYYY HH:MM                (1)

HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA(2)                                        DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001(3)                              HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    XXXX (4)                                                FORM APPROVED OMB NO. XXXX
    WAIVER TITLE     DS WAIVER(5)
    INITIAL REPORT X    LAG REPORT(6)                                                                  PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER(7)                                                                  IC

    I.    QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    INSTITUTIONAL SERVICES RECIPIENTS (8)

    A.1.  ICF/MR SERVICES
          A. NONWAIVER RECIPIENTS                                                                          ZZ
          B. WAIVER RECIPIENTS                                                                             ZZ

    A.2.  NURSING FACILITIES SERVICES
          A. NONWAIVER RECIPIENTS                                                                          ZZ
          B. WAIVER RECIPIENTS                                                                             ZZ

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. NONWAIVER RECIPIENTS                                                                          ZZ
          B. WAIVER RECIPIENTS                                                                             ZZ

    A.4.  HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
          A. NONWAIVER RECIPIENTS                                                                          ZZ
          B. WAIVER RECIPIENTS                                                                             ZZ

    B.1.  TOTAL UNDUPLICATED INSTITUTIONAL SERVICES(9)                                                     ZZ
          RECIPIENTS (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                          ZZ
          B. WAIVER RECIPIENTS                                                                             ZZ
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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HCFA-372 - MRM227
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    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    XXXX                                                      FORM APPROVED OMB NO. XXXX
    WAIVER TITLE     DS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                    PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES      (10)                                                $$

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                       $$
          B. FOR WAIVER RECIPIENTS                                                                          $$

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                       $$
          B. FOR WAIVER RECIPIENTS                                                                          $$

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                                       $$
          B. FOR WAIVER RECIPIENTS                                                                          $$

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                                                       $$
          B. FOR WAIVER RECIPIENTS                                                                          $$

    B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES      (11)                                               $$
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                       $$
          B. FOR WAIVER RECIPIENTS                                                                          $$
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS             P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM227
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     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
     REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTI
     WAIVER NUMBER    XXXX                                                            FORM APPROVED OMB NO. XXX
     WAIVER TITLE     DS WAIVER
     INITIAL REPORT X    LAG REPORT                                                                        PAGE

     LEVEL/S OF CARE IN APPROVED WAIVER                                                                          I

     III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTI
                                                  (12)
     A.    TOTAL ACUTE CARE SERVICES RECIPIENTS
                                                  (13)
     A.1.  ACUTE INPATIENT HOSPITAL SERVICES
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                  (14)
     A.2.  PHYSICIANS SERVICES
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                                  (15)
     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                        (16)
     A.4.  LABORATORY AND X-RAY SERVICES
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                  (17)
     A.5.  PRESCRIBED DRUGS
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                        (18)
     A.6.  ALL OTHER ACUTE CARE SERVICES
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
                                        (19)
     B.1.  TOTAL UNDUPLICATED RECIPIENTS                                                                         Z
           (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                                                               Z
           B. WAIVER RECIPIENTS                                                                                  Z
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM


HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD 01/01/2001-03/31/2001                                         HEALTH CARE FINANCING ADMINIS
    WAIVER NUMBER     XXXX                                                              FORM APPROVED OMB NO. XX
    WAIVER TITLE      DS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PAG


    LEVEL/S OF CARE IN APPROVED WAIVER

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS
                                                                                                  (20)
    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                          $

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                  $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                                 $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                      $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                   $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                      $
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $
                                                                                                  (21)
    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                             $
          FOR INSTITUTIONAL SERVICES RECIPIENTS
          (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                     $
          B. FOR WAIVER RECIPIENTS                                                                        $
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS           PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD  01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     XXXX                                                            FORM APPROVED OMB NO. XXXX
    WAIVER TITLE      DS WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      IC

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

22  A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

23  A.1.  DAY SUPPORT                                                                                       ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

24  A.2.  PREVOCATIONAL SERVICES                                                                            ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

25

    B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                              ZZ
          (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS           PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD  01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     XXXX                                                            FORM APPROVED OMB NO. XXXX-X
    WAIVER TITLE      DS WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE 03

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES 26                          $$,$$$,$$9
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES                                                                      $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    A.2.  PREVOCATIONAL SERVICES EXPENDITURES                                                          $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER 27                                                  $$,$$$,$$9
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS              PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                        HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    XXXX                                                              FORM APPROVED OMB NO. XXXX
    WAIVER TITLE     DS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      ICF/M

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS (28)

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                                 ZZZ,ZZ
    A.2.  PHYSICIANS SERVICES                                                                               ZZZ,ZZ
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                               ZZZ,ZZ
    A.4.  LABORATORY AND X-RAY SERVICES                                                                     ZZZ,ZZ
    A.5.  PRESCRIBED DRUGS                                                                                  ZZZ,ZZ
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                                     ZZZ,ZZ

    B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES (29)                                            ZZZ,ZZ
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZZ,ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZZ,ZZ

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES (30)                                                     $$,$$$,$$

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                  $$,$$$,$$
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                                 $$,$$$,$$
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                $$,$$$,$$
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                      $$,$$$,$$
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                   $$,$$$,$$
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                      $$,$$$,$$

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES (31)                                        $$,$$$,$$
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                               $$,$$$,$$

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

    A.    FORMULA FACTOR H VALUE (32)                                                                     $$,$$$,$$

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

    A.    FORMULA FACTOR I VALUE (33)                                                                     $$,$$$,$$
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HCFA 372 Day Support (MR-O-082I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS             P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

     STATE            VIRGINIA                                   DEPARTMENT OF HEALTH AND HUMAN SERVICES
     REPORTING PERIOD 01/01/2001-03/31/2001                         HEALTH CARE FINANCING ADMINISTRATION
     WAIVER NUMBER    XXXX                                               FORM APPROVED OMB NO. XXXX-XXXX
     WAIVER TITLE     DS WAIVER
     INITIAL REPORT X    LAG REPORT                                                          PAGE 05

     LEVEL/S OF CARE IN APPROVED WAIVER                                                          ICF/MR

     XI.   QUARTERLY OTHER REQUIRED DATA

     A.    TOTAL DAYS OF WAIVERED COVERAGE  (34)                                                 ZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              ZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                                         ZZZ,ZZ9

     B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE  (35)                                      ZZZ,ZZ9
           A. NONWAIVER RECIPIENTS                                                               ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                                  ZZZ,ZZ9

     C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DE
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER

     D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAV
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON T
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED:

            TITLE:

            DATE:

            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type Of Run	Calculated	DE0002	This determines if the report is a Quarterly/ Annual/ Lag Report
2	State	Calculated	DE0002	State for which the report is executed
3	Reporting Period	Calculated	DE0002	The period for which the report is run
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported. DS waiver number is '0430'
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.

6	Initial/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	Level/s of care in Approved Waiver	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Day Support Waiver is ICF/MR. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The Day Support waiver has only one Level of Care so only one column is displayed. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A.INSTITUTIONAL SERVICE RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1.TOTAL UNDUPLICATED INSTITUTIONAL	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number

	SERVICES RECIPIENTS			represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A.TOTAL INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1.AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A.TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).

13	III.A.1.ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated non-waiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2.PHYSICIAN SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV - Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3.OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim

				Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, instate, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4.LABORATORY AND X-RAY SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV - Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5.PRESCRIBED DRUGS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6.ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1.TOTAL UNDUPLICATED RECIPIENTS	Calculated	DE0002	An unduplicated count of non waiver and waiver recipients who received acute care services while institutionalized.
20	IV.A.TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from

				claims selected as described in sections III.A.1-6.
21	IV.B.1.AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for acute care services to the non waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A.HCFA APPROVED SECTION 1915© WAIVER RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1.DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code 97537 and 97537 with modifier U1.
24	V.A.2.PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure Code H2025 and H2025

				with modifier U1.
25	V.B.1.TOTAL UNDUPLICATED SECTION 1915© WAIVER RECIPIENTS	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
26	VI.A.TOTAL HCFA APPROVED SECTION 1915© WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-2.
27	VI.B.1.AVERAGE PER CAPITA SECTION 1915© WAIVER SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.2.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
28	VII.A.TOTAL ACUTE CARE RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
29	VII.B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.

30	VIII.A. TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
31	VIII.B.1.AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
32	IX.A.FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Services.
33	X.A.FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
34	XI.A.TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
35	XI.B.TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-082J HCFA-372 Alzheimer Assisted Living Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the Alzheimer Assisted Living Waiver are Nursing Facilities and Inpatient Hospital. For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the Alzheimer Assisted Living Waiver by a Benefit Plan Exception Indicator of 'T' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Alzheimer Assisted Living Waiver services are identified with procedure code 'T2031'. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
Volume:	Variable

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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                  (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                       QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS               PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE              VIRGINIA (2)                                          DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD   MM/DD/YYYY-MM/DD/YYYY (3)                                HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER      0435     (4)                                             FORM APPROVED OMB NO. 0938-027
    WAIVER TITLE       ALZHEIMER WAI(5)R
    INITIAL REPORT X     LAG REPORT (6)                                                                    PAGE
                                                                                                          (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                                      NURSING FACILITY          INPATIENT I

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

 (8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,ZZ9

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,ZZ9

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,ZZ9

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                                    ZZZ,ZZ9

 (9) B.1.  TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                        ZZZ,ZZ9                ZZZ,ZZ9
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                          ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                             ZZZ,ZZ9                ZZZ,ZZ9
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                    QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0435                                                            FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE O

    LEVEL/S OF CARE IN APPROVED WAIVER                                     NURSING FACILITY         INPATIENT HOS

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10) A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES                          $$,$$$,$$9            $$,$$$,$$9

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$9            $$,$$$,$$9

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$9            $$,$$$,$$9

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$9            $$,$$$,$$9

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$9            $$,$$$,$$9

(11) B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES                          $$,$$$,$$9            $$,$$$,$$9
           EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$9            $$,$$$,$$9
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                   QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                               HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0435                                                   FORM APPROVED OMB NO. 093
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                    PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                NURSING FACILITY          INPATIENT

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTI

(12) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13) A.1.  ACUTE INPATIENT HOSPITAL SERVICES
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(14) A.2.  PHYSICIANS SERVICES
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(15) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(16) A.4.  LABORATORY AND X-RAY SERVICES
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(17) A.5.  PRESCRIBED DRUGS
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(18) A.6.  ALL OTHER ACUTE CARE SERVICES
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ

(19) B.1. TOTAL UNDUPLICATED RECIPIENTS                               ZZZ,ZZ9                  ZZZ,ZZ

          (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                    ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                       ZZZ,ZZ9                  ZZZ,ZZ
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

MRM228 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF:MM/DD/YYYY QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO: LONG TERM CARE - DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERV
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTRA
WAIVER NUMBER 0435 FORM APPROVED OMB NO. 0938-
WAIVER TITLE ALZHEIMER WAIVER
INITIAL REPORT X LAG REPORT PAGE 0

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITY	INPATIENT HOS
IV. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS		
(20) A. TOTAL ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.2. PHYSICIAN SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.5. PRESCRIBED DRUGS EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
(21) B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9

HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                   QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0435                                                            FORM APPROVED OMB NO. 0938
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                         NURSING FACILITIES/INPATIENT HOSPI

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  ALZHEIMER ASSISTED LIVING                                                                      ZZZZZ,Z
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                       ZZZZZ,Z
           B. DIVERTED WAIVER RECIPIENTS                                                                  ZZZZZ,Z

(24) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                           ZZZZZ,Z
           (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZZZ,Z
          B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZZZ,Z
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                   QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0435                                                            FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                         NURSING FACILITIES/INPATIENT HOSPIT

    VI   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.   TOTAL HCFA APPROVED SECTION 1915 © WAIVER SERVICES EXPENDITURES                                 ZZZZZ,ZZ
         (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(25) A.1. ALZHEIMER ASSISTED LIVING EXPENDITURES                                                          ZZZZZ,ZZ
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZZZ,ZZ
          B. FOR DIVERTED WAIVER RECIPIENTS                                                               ZZZZZ,ZZ

(26) B.1. AVERAGE PER CAPITA SECTION 1915 © WAIVER                                                        ZZZZZ,ZZ
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZZZ,ZZ
          B. FOR DIVERTED WAIVER RECIPIENTS                                                               ZZZZZ,ZZ
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                      QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER     0435                                                          FORM APPROVED OMB NO. 093
    WAIVER TITLE      ALZHEIMER WAIVER
    INITIAL REPORT X     LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                      NURSING FACILITIES/INPATIE

   VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(27) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

   A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                                  ZZZ
   A.2.  PHYSICIAN SERVICES                                                                                 ZZZ
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                                ZZZ
   A.4.  LABORATORY AND X-RAY SERVICES                                                                      ZZZ
   A.5.  PRESCRIBED DRUGS                                                                                   ZZZ
   A.6.  ALL OTHER ACUTE CARE SERVICES                                                                      ZZZ

(28) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                                         ZZZ
         SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                           ZZZ
         B. DIVERTED WAIVER RECIPIENTS                                                                      ZZZ

   VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(29) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                      $$$$$,$

   A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                                     $$$$$,$
   A.2.  PHYSICIAN SERVICES EXPENDITURES                                                              $$$$$,$
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                             $$$$$,$
   A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                   $$$$$,$
   A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                $$$$$,$
   A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                   $$$$$,$

   B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                          $$$$$,$
         TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$$$$,$
         B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$$$$,$

   IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(30) A.    FORMULA FACTOR H VALUE                                                                          ZZZ

   X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(31) A.    FORMULA FACTOR I VALUE                                                                      $$$$$,$
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HCFA-372 Alzheimer Assisted Living Waiver (MR-O-082J)

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MRM228                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                     QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS             P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0435                                                              FORM APPROVED OMB NO. 093
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X     LAG REPORT                                                                          PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                          NURSING FACILITIES/INPATIEN

   XI.   QUARTERLY OTHER REQUIRED DATA

(32) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                                    ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                           ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                      ZZZ

(33) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                       ZZZZZ,ZZ9                         ZZZ
           A. NONWAIVER RECIPIENTS                                          ZZZZZ,ZZ9                         ZZZ
           B. WAIVER RECIPIENTS                                             ZZZZZ,ZZ9                         ZZZ

    C.       ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DE
             EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER

    D.       IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

             ASSURANCES: (PLEASE CHECK)

          | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
          | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAV
               TAKEN WHERE APPROPRIATE.
          | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

             DOCUMENTATION: (PLEASE CHECK AND ATTACH)

          | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER

             FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

          | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
          | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
          | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

             CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON T
                             HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

             SIGNED:

             TITLE:

             DATE:

             CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	This determines if the report is a Quarterly/ Annual/ Lag Report.
2	State	Calculated	DE0002	State for which the report is executed.
3	Reporting Period	Calculated	DE0002	The period for whic h the report is run.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported. Alzheimer Assisted Liv-

				ing Waiver number is '0435'.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Alzheimer Assisted Living Waiver is Nursing Facility/Inpatient Hospital. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RCIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	IB.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory for-

				mula's factor A.
10	II.A TOTAL INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated non-waiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as

				Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIANS SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are

				identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6 ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS	Calculated	DE0002	An unduplicated count of non waiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITAL ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B	Calculated	DE0002	The average per capita expenditures for acute care services to the non waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care ser-

	VALUE/S)			vices (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915© WAIVER SERVICES RECIPIENTS (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 ALZHEIMER ASSISTED LIVING	Calculated	DE0002	A count of participating waiver recipients who have received Alzheimer Assisted Living services. Alzheimer Assisted Living services are identified as follows: Procedure Code T2031.
24	V.B.1 TOTAL UNDUPLICATED SECTION 1915© WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
25	VI.A TOTAL HCFA APPROVED SECTION 1915© WAIVER SERVICES EXPENDITURES (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-2.
26	VI.B.1 AVERAGE PER CAPITA SECTION 1915© WAIVER	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total

	SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)			number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.2.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
27	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
28	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
29	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
30	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Services.
31	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
32	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	he total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.

33	XI.B TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083A HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the CDPAS and Elderly & Disabled Waiver is Nursing Facilities. Recipients are identified as enrolled in the CDPAS , Elderly and Disabled waivers by a Benefit Plan Exception Indicator of '9' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. CDPAS , Elderly and Disabled waiver services are identified as follows: Consumer Directed Personal Assistance : Procedure Code Y0078 or S5126. Facilitator Expenditures:Z9560,H2000,Z9566,S5109,Z9562,99509,Z9564,T1028,Z9568,S5116,Z9570, Y0061,Z8811,Z9590,99080,G9002 or 99199 with modifier U1 Personal Care: Procedure Code Z4036 or T1019. Adult Day Heath Care: Procedure Code Z9410, Z9412, S5102, or A0120. Respite Care: Procedure Code Z9421, T1005, Z9423 or S9125 w/ Procedure Modifier 'TE'. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, Y0073, S5161, Y0075, H2021 w/ Procedure Modifier ‘TD’, Y0076, or H2021 w/ Procedure Modifier ‘TE’. Medication Monitoring: Procedure Code Y0072, S5160 w/ Procedure Modifier 'U1', Y0074 or S5185. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-

institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

MRM220 (1) VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/YYYY REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS

HCFA-372 - MRM220
DELIVER TO: LONG TERM CARE

STATE VIRGINIA (2) DEPARTMENT OF HEALTH AND HUMAN
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY (3) HEALTH CARE FINANCING ADMIN
WAIVER NUMBER 0048.90.R.1 (4) FORM APPROVED OMB NO.
WAIVER TITLE ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
INITIAL REPORT X LAG REPORT (6) (5) PAG

LEVEL/S OF CARE IN APPROVED WAIVER NURSING FACILITI (7)

I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER (1)

(8) A. INSTITUTIONAL SERVICES RECIPIENTS

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

(9) B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES ZZZZZ,ZZ9
RECIPIENTS (ACTUAL FACTOR A VALUE/S)
A. NONWAIVER RECIPIENTS ZZZZZ,ZZ9
B. WAIVER RECIPIENTS ZZZZZ,ZZ9

HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF MM/DD/YYYY             REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS              PAG

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
                                                                                HEALTH CARE FINANCING ADMINISTR
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                          FORM APPROVED OMB NO. 0938
    WAIVER NUMBER    0048.90.R.1
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                        PAGE (

    LEVEL/S OF CARE IN APPROVED WAIVER                                                        NURSING FACILITIES

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10) A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES                                          $$$$$,$$$,$$9

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

    A.4.  HOSPITAL SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9

(11) B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES                                          $$$$$,$$$,$$9
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                         $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                            $$$$$,$$$,$$9
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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/YYYY                REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN S
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINIS
    WAIVER NUMBER    0048.90.R.1                                                 FORM APPROVED OMB NO. 09
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES

    INITIAL REPORT X    LAG REPORT                                                                    PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO
(12)
    A.    ACUTE CARE SERVICES RECIPIENTS
(13)
    A.1.  ACUTE INPATIENT HOSPITAL SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(14)
    A.2.  PHYSICIANS SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(15)
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(16)
    A.4.  LABORATORY AND X-RAY SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(17)
    A.5.  PRESCRIBED DRUGS
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(18)
    A.6.  ALL OTHER ACUTE CARE SERVICES
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
(19)
    B.1. TOTAL UNDUPLICATED RECIPIENTS                                                             ZZZZZ,ZZ9
         (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9
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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0048.90.R.1                                                   FORM APPROVED OMB NO. 0938
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                    $$$$$,$$$,$$9

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                            $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                           $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                          $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                             $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                $$$$$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                               $$$$$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                                  $$$$$,$$$,$$9

(21) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                      $$$$$,$$$,$$9
           FOR INSTITUTIONAL SERVICES RECIPIENTS
           (ACTUAL FACTOR B VALUE/S)
           A. FOR NONWAIVER RECIPIENTS                                              $$$$$,$$$,$$9
           B. FOR WAIVER RECIPIENTS                                                 $$$$$,$$$,$$9
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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                 REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                 DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                       HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0048.90.R.1                                                     FORM APPROVED OMB NO. 093
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICE
    INITIAL REPORT X    LAG REPORT                                                                     PAGE O

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

(22) V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

     A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  PERSONAL CARE                                                          ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(24) A.2.  ADULT DAY HEALTH CARE                                                  ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(25) A.3.  RESPITE CARE                                                           ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(26) A.4.  PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                              ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(27) A.5.  MEDICATION MONITORING SERVICES                                         ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(28) A.6.  CONSUMER DIRECTED PERSONAL ASSISTANCE                                  ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

(29) A.7.  FACILITATOR EXPENDITURES                                               ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9

     B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                   ZZZZZ,ZZ9
(30)       (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9
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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

MRM220 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF MM/DD/YYYY REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PAG

HCFA-372 - MRM220
DELIVER TO: LONG TERM CARE

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERV
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTRA
WAIVER NUMBER 0048.90.R.1 FORM APPROVED OMB NO. 0938-
WAIVER TITLE ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICE
INITIAL REPORT X LAG REPORT PAGE 03A

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES
VI. QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES	
29 A. TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	$$$$$,$$$,$$9
A.1. PERSONAL CARE EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.2. ADULT DAY HEALTH CARE EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.3. RESPITE CARE EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.4. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.5. MEDICATION MONITORING SERVICES EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.6. CONSUMER DIRECTED PERSONAL ASSISTANCE EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
A.7. FACILITATOR EXPENDITURES	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B.1. AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	$$$$$,$$$,$$9
A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS	$$$$$,$$$,$$9
B. FOR DIVERTED WAIVER RECIPIENTS	$$$$$,$$$,$$9

HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO
AS OF MM/DD/YYYY                 REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS              PAGE

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER    0048.90.R.1                                                 FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE     ELDERLY AND DISABLED  WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                   PAGE 04

    LEVEL/S OF CARE IN APPROVED WAIVER                                                      NURSING FACILITIES

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(31) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                    ZZZZZ,ZZ9
    A.2.  PHYSICIANS SERVICES                                                                  ZZZZZ,ZZ9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                  ZZZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                                        ZZZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                                     ZZZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                        ZZZZZ,ZZ9

(32) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES                                   ZZZZZ,ZZ9
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                             ZZZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                        ZZZZZ,ZZ9
    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(33) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                        $$$$$,$$$,$$9

    A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                       $$$$$,$$$,$$9
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                $$$$$,$$$,$$9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                               $$$$$,$$$,$$9
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                     $$$$$,$$$,$$9
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                  $$$$$,$$$,$$9
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                     $$$$$,$$$,$$9

(34) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                           $$$$$,$$$,$$9
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                   $$$$$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                              $$$$$,$$$,$$9

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(35) A.    FORMULA FACTOR H VALUE                                                            ZZZZZ,ZZ9

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(36) A.    FORMULA FACTOR I VALUE                                                        $$$$$,$$$,$$9
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HCFA-372 LAG Elderly Or Disabled With Consumer Directed Personal Assistance (MR-O-083A)

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MRM220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: MR-O-083
AS OF MM/DD/YYYY                 REVISED ANNUAL REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS            PAGE NUMBER

 HCFA-372 - MRM220
 DELIVER TO: LONG TERM CARE

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER    0048.90.R.1                                                 FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE     ELDERLY AND DISABLED WITH CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES
    INITIAL REPORT X    LAG REPORT                                                                   PAGE 05

    LEVEL/S OF CARE IN APPROVED WAIVER                                                   NURSING FACILITIES

    XI.   OTHER REQUIRED DATA

(37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                          ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                                            ZZZZZ,ZZ9

(38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                                               ZZZZZ,ZZ9
           A. NONWAIVER RECIPIENTS                                                                  ZZZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                                     ZZZZZ,ZZ9

    C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETAILED
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.      IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        |_| 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        |_| 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN
               TAKEN WHERE APPROPRIATE.
        |_| 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        |_| 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIVER.

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        |_| 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        |_| 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        |_| 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED: ____________________________________________

            TITLE: ____________________________________________

            DATE: ____________________________________________

            CONTACT PERSON: ____________________________________    TELEPHONE NUMBER: (_______)____________________
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Field Definitions

#	Field Name	Data Element Name	Ele-ment ID	Source/Calculations
0	New Field Definition		DE00-00	
1	Type of Run	Cal-culated	DE00-02	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Cal-culated	DE00-02	The Reporting State
3	Reporting Period	Cal-culated	DE00-02	The quarter or one year period covered by the report.
4	Waiver Num-	Cal-	DE00-	The identifying number of the waiver being reported.

	ber	culated	02	
5	Waiver Title	Cal-culated	DE00-02	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Cal-culated	DE00-02	Indicates an initial report or a lag report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Cal-culated	DE00-02	Nursing Facilities - Indicates the Level of Care in the approved waiver. The Level of Care for the Elderly and Disabled Waiver is Nursing Facilities. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The Elderly and Disabled waiver has only one Level of Care so only one column is displayed. Recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF) or '2' (ICF), and Provider Type 10 (Skilled Nursing Home Non Mental Health), 15, (Intermediate Care Facility), 86 (Out-of-State Intermediate Care Facility), 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State) and 92 (Out-of-State Skilled Care Facility). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex), or 92 (rehab). Claims are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)). .
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Cal-culated	DE00-02	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Cal-culated	DE00-02	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
1-	II.A TOTAL	Cal-	DE00-	The total expenditures for services received during the report-

0	INSTITUTIONAL SERVICES EXPENDITURES	culated	02	ing period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
1-1	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE00-02	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
1-2	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. Recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF) or '2' (ICF), and Provider Type 10 (Skilled Nursing Home Non Mental Health), 15, (Intermediate Care Facility), 86 (Out-of-State Intermediate Care Facility), 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex), or 92 (rehab).
1-3	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE00-02	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
1-4	III.A.2 PHYSICIAN SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18)

				Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
1-5	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
1-6	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
1-7	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
1-8	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE00-02	The total number of unduplicated nonwaiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
1-9	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE00-02	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
2-0	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE00-02	The total expenditures for the acute care services provided to the nonwaiver and waiver institutional services recipients during the reporting period distributed by level of care. All waiver services described in Section V are excluded from section IV. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
2-1	IV.B.1	Calculated	DE00-02	The average per capita expenditures for acute care services to

	AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)			the nonwaiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
2-2	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE00-02	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
2-3	V.A.1 PERSONAL CARE	Calculated	DE00-02	A count of participating waiver recipients who have received personal care services. Personal Care Services are identified as follows: Procedure Code: Z4036 or T1019.
2-4	V.A.2 ADULT DAY HEALTH CARE	Calculated	DE00-02	A count of participating waiver recipients who have received adult day health care services. Adult Day Health Care services are identified as follows: Procedure Code Z9410, Z9412, S5102, or A0120.
2-5	V.A.3 RESPITE CARE	Calculated	DE00-02	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421, T1005, Z9423 or S9125 w/ Procedure Modifier 'TE'.
2-6	V.A.4 PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	Calculated	DE00-02	A count of participating waiver recipients who have received Personal Emergency Response System services. Personal Emergency Response System services are identified as follows: Procedure Code Y0071, S5160, Y0073, S5161, Y0075, H2021 w/ Procedure Modifier ‘TD’, Y0076, or H2021 w/ Procedure Modifier ‘TE’.
2-7	V.A.5 MEDICATION MONITORING	Calculated	DE00-02	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, S5160 w/ Procedure Modifier 'U1', Y0074 or S5185.
2-8	V.A.6. CONSUMER DIRECTED PERSONAL	Calculated	DE00-02	A count of participating waiver recipients who have received Consumer Directed Personal Assistance. Consumer Directed Personal Assistance are identified as follows: Procedure Code: Y0078,S5126

	ASSISTANCE			
2-9	V.A.7. FACILITATOR EXPENDITURES	Calculated	DE00-02	A count of participating waiver recipients who have received Facilitator Expenditure. Facilitator Expenditure are identified as follows: Procedure Code: Z9560,H2000,Z9566,S5109,Z9562,99509,Z9564,T1028,Z9568,S5116,Z9570, Y0061,,Z8811,Z9590,99080,G9002 or 99199 with modifier U1
3-0	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE00-02	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
3-1	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE00-02	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-5.
3-2	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE00-02	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.5.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
3-3	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE00-02	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
3-4	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES	Calculated	DE00-02	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.

	RECIPIENTS (ACTUAL FACTOR C VALUE/S)			
3-5	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE00-02	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
3-6	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE00-02	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
3-7	IX.A FORMULA FACTOR H VALUE	Calculated	DE00-02	The number of Recipients receiving Non-institutional Long-Term Care Services.
3-8	X.A FORMULA FACTOR I VALUE	Calculated	DE00-02	The average expenditures for Non-institutional Services.
3-9	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE00-02	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
4-0	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE00-02	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083B HCFA-372 LAG Technology Assisted

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the Technology Assisted Waiver are Nursing Facilities (Specialized Care) and Inpatient Hospital. Recipients are identified as enrolled in the Technology Assisted Waiver by a Benefit Plan Exception Indicator of 'A' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Technology Assisted Waiver services are identified as follows: Personal Care: Procedure Code Z9489, T1019 or Z4037 , Z9490, G0238 or S9122. Private Duty Nursing: Procedure Code S9125 TD, S9125 TE, T1002, T1003, T1030, T1031, Z9401, Z9402, Z9405 or Z9406. Respite Care: Procedure Code Z9403, S9125, Z9404, Z9425, Z9407, Z9408, T1030 w/ Modifier TD or T1031 w/ Modifier TE. Environmental Modifications: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, 99199 w/ modifier U4 or Y0058. Assistive Technologies: Procedure Code Z8603, Z8604, Z8605, T1999 w/ modifier U5 or T1999. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                  (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/YYYY                   REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  LONG TERM CARE - DMAS

    STATE             VIRGINIA (2)                                   DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY (3)                         HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER     40149 (4)                                            FORM APPROVED OMB NO. 09
    WAIVER TITLE      TECHNOLOGY ASSISTED WAIVER (5)
    INITIAL REPORT X     LAG REPORT (6)                                                          PAGE
                                                                                                  (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                          NURSING FACILITIES     INPATIENT HOS

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                                            ZZZ,ZZ

(9) B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                ZZZ,ZZ9                ZZZ,ZZ
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                  ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                     ZZZ,ZZ9                ZZZ,ZZ
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    40149                                                             FORM APPROVED OMB NO. 0938
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                     NURSING FACILITIES     INPATIENT HOSP

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10) A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES                          $$,$$$,$$$9            $$,$$$,$$$9

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$$9            $$,$$$,$$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$$9            $$,$$$,$$$9

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$$9            $$,$$$,$$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$$9            $$,$$$,$$$9

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$$9            $$,$$$,$$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$$9            $$,$$$,$$$9

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$$9            $$,$$$,$$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$$9            $$,$$$,$$$9

(11) B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES                          $$,$$$,$$$9            $$,$$$,$$$9
           EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                         $$,$$$,$$$9            $$,$$$,$$$9
          B. FOR WAIVER RECIPIENTS                                            $$,$$$,$$$9            $$,$$$,$$$9
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    40149                                                         FORM APPROVED OMB NO. 0938
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT HOSP

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS
(12)
    A.1.  ACUTE INPATIENT HOSPITAL SERVICES
(13)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    A.2.  PHYSICIANS SERVICES
(14)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
(15)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    A.4.  LABORATORY AND X-RAY SERVICES
(16)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    A.5.  PRESCRIBED DRUGS
(17)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    A.6.  ALL OTHER ACUTE CARE SERVICES
(18)        A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9

    B.1. TOTAL UNDUPLICATED RECIPIENTS                                  ZZZ,ZZ9                 ZZZ,ZZ9
(19)
        (ACTUAL FACTOR A VALUE/S)
            A. NONWAIVER RECIPIENTS                                     ZZZ,ZZ9                 ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                        ZZZ,ZZ9                 ZZZ,ZZ9
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM221
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    40149                                                         FORM APPROVED OMB NO. 0938
    WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT HOSP

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                            $$,$$$,$$9            $$,$$$,$$9

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                    $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                   $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                  $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                        $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                     $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                        $$,$$$,$$9            $$,$$$,$$9
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9

(21) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES             $$,$$$,$$9            $$,$$$,$$9
          FOR INSTITUTIONAL SERVICES RECIPIENTS
          (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                       $$,$$$,$$9            $$,$$$,$$9
          B. FOR WAIVER RECIPIENTS                                          $$,$$$,$$9            $$,$$$,$$9
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SERV
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                HEALTH CARE FINANCING ADMINISTRA
     WAIVER NUMBER    40149                                                     FORM APPROVED OMB NO. 0938-
     WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X    LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                          NURSING FACILITIES     INPATIENT HOSPITAL

(22) V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

     A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  PERSONAL CARE                                          ZZZZZ,ZZ9            ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9

(24) A.2.  PRIVATE DUTY NURSING                                   ZZZZZ,ZZ9            ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9

(25) A.3.  RESPITE CARE                                           ZZZZZ,ZZ9            ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9

(26) A.4.  ENVIRONMENTAL MODIFICATIONS                            ZZZZZ,ZZ9            ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9

(27) A.5.  ASSISTIVE TECHNOLOGIES                                 ZZZZZ,ZZ9            ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9

(28) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS   ZZZZZ,ZZ9            ZZZZZ,ZZ9
           (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS               ZZZZZ,ZZ9            ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                          ZZZZZ,ZZ9            ZZZZZ,ZZ9
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
     WAIVER NUMBER    40149                                                          FORM APPROVED OMB NO. 0938
     WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X    LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                                     NURSING FACILITIES     INPATIEN

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

(29) A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES      $$$$$,$$$,$$9        $$$$$,$
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.   PERSONAL CARE                                                        $$$$$,$$$,$$9        $$$$$,$
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$

    A.2.   PRIVATE DUTY NURSING                                                 $$$$$,$$$,$$9        $$$$$,$
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$

    A.3.   RESPITE CARE                                                         $$$$$,$$$,$$9        $$$$$,$
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$

    A.4.   ENVIRONMENTAL MODIFICATIONS                                          $$$$$,$$$,$$9        $$$$$,$
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$

    A.5.   ASSISTIVE TECHNOLOGIES                                               $$$$$,$$$,$$9        $$$$$,$
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$

(30) B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICE EXPENDITURES      $$$$$,$$$,$$9        $$$$$,$
           (ACTUAL FACTOR C VALUE/S)
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                         $$$$$,$$$,$$9        $$$$$,$
           B. FOR DIVERTED WAIVER RECIPIENTS                                    $$$$$,$$$,$$9        $$$$$,$
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT M
AS OF MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAGE
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
     REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATION
     WAIVER NUMBER    40149                                                         FORM APPROVED OMB NO. 0938-0272
     WAIVER TITLE     TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X     LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                                    NURSING FACILITIES     INPATIENT HOSP

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                  ZZZZZ,ZZ9              ZZZZZ,ZZ9
    A.2.  PHYSICIAN SERVICES                                                 ZZZZZ,ZZ9              ZZZZZ,ZZ9
(31) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                               ZZZZZ,ZZ9              ZZZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                      ZZZZZ,ZZ9              ZZZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                   ZZZZZ,ZZ9              ZZZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                      ZZZZZ,ZZ9              ZZZZZ,ZZ9

    B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                           ZZZZZ,ZZ9              ZZZZZ,ZZ9
          SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                           ZZZZZ,ZZ9              ZZZZZ,ZZ9
(32)      B. DIVERTED WAIVER RECIPIENTS                                      ZZZZZ,ZZ9              ZZZZZ,ZZ9

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                         $$$$$,$$$,$$9          $$$$$,$$$,$$9

    A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                       $$$$$,$$$,$$9          $$$$$,$$$,$$9
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                $$$$$,$$$,$$9          $$$$$,$$$,$$9
(33) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES              $$$$$,$$$,$$9          $$$$$,$$$,$$9
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                     $$$$$,$$$,$$9          $$$$$,$$$,$$9
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                  $$$$$,$$$,$$9          $$$$$,$$$,$$9
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                     $$$$$,$$$,$$9          $$$$$,$$$,$$9

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES            $$$$$,$$$,$$9          $$$$$,$$$,$$9
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                   $$$$$,$$$,$$9          $$$$$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                              $$$$$,$$$,$$9          $$$$$,$$$,$$9

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

    A.    FORMULA FACTOR H VALUE                                             ZZZZZ,ZZ9              ZZZZZ,ZZ9

(35) X.   QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

    A.    FORMULA FACTOR I VALUE                                         $$$$$,$$$,$$9          $$$$$,$$$,$$9

(36)
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HCFA-372 LAG Technology Assisted (MR-O-083B)

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MRM221                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT N
AS OF MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAGE
RUN DATE: MM/DD/YYYY HH:MM

 HCFA-372 - MRM221
 DELIVER TO:  LONG TERM CARE - DMAS

     STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVICES
     REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRATION
     WAIVER NUMBER     40149                                                           FORM APPROVED OMB NO. 0938-0272
     WAIVER TITLE      TECHNOLOGY ASSISTED WAIVER
     INITIAL REPORT X     LAG REPORT

     LEVEL/S OF CARE IN APPROVED WAIVER                                        NURSING FACILITIES     INPATIENT HOSP

    XI.   QUARTERLY OTHER REQUIRED DATA

 (37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                        ZZZZZ,ZZ9              ZZZZZ,ZZ9
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                               ZZZZZ,ZZ9              ZZZZZ,ZZ9
            B. DIVERTED WAIVER RECIPIENTS                                          ZZZZZ,ZZ9              ZZZZZ,ZZ9

 (38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                             ZZZZZ,ZZ9              ZZZZZ,ZZ9
            A. NONWAIVER RECIPIENTS                                                ZZZZZ,ZZ9              ZZZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                   ZZZZZ,ZZ9              ZZZZZ,ZZ9

    C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETAILED
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.      IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAI

            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

            SIGNED:

            TITLE:

            DATE:

            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is sub-

				mitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	Nursing Facilities / Inpatient Hospital - Indicates the Levels of Care in the approved waiver. The Levels of Care for the Technology Assisted Waiver are Nursing Facilities (specialized care) and Inpatient Hospital. These are the Levels of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. Level of Care is determined as of the beginning of each waiver fiscal year, July 1, or the beginning of the initial relevant enrollment period, whichever is most recent. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when the following conditions are met: Benefit Plan Exception Indicator of '1' (ICF), an Enrollee Benefit Change Source of '86' (Vent) and age 21 or older. Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)). For the Inpatient Hospital level of care, recipients are identified as institutionalized, not by enrollment, but by the presence of Inpatient Hospital claims with dates of service ending in or spanning the report period. Recipients must be less

				than 21 years of age. Claims for this level of care are identified as Inpatient Hospital claims if either of the following conditions are met: - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for each level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's levels of care. Calculated as follows: For each level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional

				services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when the following conditions are met: Benefit Plan Exception Indicator of '1' (ICF), an Enrollee Benefit Change Source of '86' (Vent) and age 21 or older. Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim type Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) - Provider Type 92 (Out-of-State Skilled Care Facility). For the Inpatient Hospital level of care, recipients are identified as institutionalized, not by enrollment, but by the presence of Inpatient Hospital claims with dates of service ending in or spanning the report period. Recipients must be less than 21 years of age. Claims for this level of care are identified as Inpatient Hospital claims if either of the following conditions are met: - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital).

13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated nonwaiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated nonwaiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09

				(UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims

				selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized. Level of Care for Waiver recipients is determined by age. Recipients are reported under Inpatient Hospital if age is less than 21, otherwise recipients are reported under Nursing Facilities.
23	V.A.1 PERSONAL CARE	Calculated	DE0002	A count of participating waiver recipients who have received personal care services. Personal Care Services are identified as follows: Procedure Code Z9489, T1019 or Z4037 , Z9490, G0238 or S9122.
24	V.A.2 PRIVATE DUTY NURSING	Calculated	DE0002	A count of participating waiver recipients who have received private duty nursing services. Private Duty Nursing

				services are identified as follows: Procedure Code S9125 TD, S9125 TE, T1002, T1003, T1030, T1031, Z9401, Z9402, Z9405 or Z9406.
25	V.A.3 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows. Procedure Code Z9403, S9125, Z9404, Z9425, Z9407, Z9408, T1030 w/ Modifier TD or T1031 w/ Modifier TE.
26	V.A.4 ENVIRONMENTAL MODIFICATIONS	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modifications services. Environmental Modifications services are identified as follows. Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, 99199 w/ modifier U4 or Y0058.
27	V.A.5 ASSISTIVE TECHNOLOGIES	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technologies services. Assistive Technologies services are identified as follows. Procedure Code Z8603, Z8604, Z8605, T1999 w/ modifier U5 or T1999.
28	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
29	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-5.
30	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total

	SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)			number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1. - A.5.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
31	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
32	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
33	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
34	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver-/acute care services recipients (section VII) for each level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
35	IX.A FORMULA	Calculated	DE0002	The number of Recipients receiving

	FACTOR H VALUE			Non-institutional Long-Term Care Services.
36	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
37	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
38	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083C HCFA-372 LAG AIDS Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the HIV/AIDS Waiver are Nursing Facilities and Inpatient Hospital. For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the HIV/AIDS Waiver by a Benefit Plan Exception Indicator of 'E' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. HIV/AIDS Waiver services are identified as follows: Case Management: Procedure Code Z9440 or T1016. Personal Care: Procedure Code Z4035, T1019. Private Duty Nursing: Procedure Code Z9401, T1002, Z9402 or T1003. Respite Care: Procedure Code Z9403, S9125 TD, Z9404, S9125 TE, Z9421 or T1005. Consumer Directed Respite: Procedure Code Y0064, or S5150. Facilitator Expenditures: Procedure Code Z9560, H2000, Z9566, S5109, Z9562, 99509, Z9564, T1028, Z9568, S5116, Z9570, 99199, Y0061, 99199 w/ modifier of U1, Z8811, Z9590, 99080, or G9002. Nutritional Supplements: Procedure Code B4154 or B4155. Consumer-Directed Personal Assistant: Procedure Code Y0078, OR S5126. Recipients are also included in this report if they have an Inpatient claim with an Aids diagnosis ('042' through '0449", '1363', '11501', '11502', and '11592') and dates of service overlapping the reporting period. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per

recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
Volume:	Variable
Number of Copies:	1
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                  (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                   REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE             VIRGINIA (2)                                        DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY (3)                              HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     4160.90 (4)                                                FORM APPROVED OMB NO. 0938
    WAIVER TITLE      AIDS WAIVER (5)
    INITIAL REPORT X     LAG REPORT (6)                                                                    PAGE
                                                                                                            (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT HOSP

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                                                  ZZZ,ZZ9

(9) B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                      ZZZ,ZZ9                ZZZ,ZZ9
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ9
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ9
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:MM/DD/YYYY REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO: COMMUNITY BASE CARE - DMAS

STATE VIRGINIA
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY
WAIVER NUMBER 4160.90
WAIVER TITLE AIDS WAIVER
INITIAL REPORT X LAG REPORT

DEPARTMENT OF HEALTH AND HUMAN SERV
HEALTH CARE FINANCING ADMINISTRA
FORM APPROVED OMB NO. 0938-

PAGE (

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIENT HOSPI
II. QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER		
(10) A. TOTAL INSTITUTIONAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A.1. ICF/MR SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.2. NURSING FACILITIES SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.4. HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
(11) B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9

HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINISTI
    WAIVER NUMBER    4160.90                                                       FORM APPROVED OMB NO. 093
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES     INPATIENT HOS

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTI

(12) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13) A.1.  ACUTE INPATIENT HOSPITAL SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(14) A.2.  PHYSICIANS SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(15) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(16) A.4.  LABORATORY AND X-RAY SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(17) A.5.  PRESCRIBED DRUGS
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(18) A.6.  ALL OTHER ACUTE CARE SERVICES
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ

(19) B.1. TOTAL UNDUPLICATED RECIPIENTS                                   ZZZ,ZZ9                ZZZ,ZZ

          (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                        ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                           ZZZ,ZZ9                ZZZ,ZZ
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF:MM/DD/YYYY REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO: LONG TERM CARE - DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SE
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINIST
WAIVER NUMBER 4160.90 FORM APPROVED OMB NO. 093
WAIVER TITLE AIDS WAIVER
INITIAL REPORT X LAG REPORT PAGE

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITIES	INPATIENT HOS
IV. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS		
(20) A. TOTAL ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
A.2. PHYSICIAN SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
A.5. PRESCRIBED DRUGS EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
(21) B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$

HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    4160.90                                                       FORM APPROVED OMB NO. 093
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                       NURSING FACILITIES/INPATIENT HOSP

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  CASE MANAGEMENT                                                   ZZZZZ,ZZ9
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                          ZZZZZ,ZZ9
           B. DIVERTED WAIVER RECIPIENTS                                     ZZZZZ,ZZ9

(24) A.2.  PERSONAL CARE                                                     ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(25) A.3.  PRIVATE DUTY NURSING                                              ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(26) A.4.  RESPITE CARE                                                      ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(27) A.5.  CONSUMER DIRECTED RESPITE CARE                                    ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(28) A.6.  NUTRITIONAL SUPPLEMENTS                                           ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(29) A.7.  CONSUMER DIRECTED PERSONAL ASSISTANT                              ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(30) A.8.  FACILITATOR EXPENDITURES                                          ZZZZZ,ZZ9
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9

(31) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS              ZZZZZ,ZZ9
           (ACTUAL FACTOR C VALUE/S)
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                            ZZZZZ,ZZ9
         B. DIVERTED WAIVER RECIPIENTS                                       ZZZZZ,ZZ9
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  COMMUNITY BASE CARE-DMAS

    STATE              VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD   MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER      4160.90                                                         FORM APPROVED OMB NO. 0938
    WAIVER TITLE       AIDS WAIVER
    INITIAL REPORT X      LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                        NURSING FACILITIES/INPATIENT

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

(32) A.   TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                          $$$$$,$$
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  CASE MANAGEMENT EXPENDITURES                                                               $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.2.  PERSONAL CARE EXPENDITURES                                                                 $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.3.  PRIVATE DUTY NURSING EXPENDITURES                                                          $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.4.  RESPITE CARE EXPENDITURES                                                                  $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.5.  CONSUMER DIRECTED RESPITE CARE EXPENDITURES                                                $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.6.  NUTRITIONAL SUPPLEMENTS EXPENDITURES                                                       $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.7.  CONSUMER DIRECTED PERSONAL ASSISTANT EXPENDITURES                                          $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

    A.8.  FACILITATOR EXPENDITURES                                                                   $$$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$

(33) B.1. AVERAGE PER CAPITA SECTION 1915(C) WAIVER                                                  $$$$$,$$
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    4160.90                                                   FORM APPROVED OMB NO. 093
    WAIVER TITLE     AIDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                   PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                   NURSING FACILITIES/INPATIE

   VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(31) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

   A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                          ZZZ
   A.2.  PHYSICIAN SERVICES                                                                         ZZZ
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                        ZZZ
   A.4.  LABORATORY AND X-RAY SERVICES                                                              ZZZ
   A.5.  PRESCRIBED DRUGS                                                                           ZZZ
   A.6.  ALL OTHER ACUTE CARE SERVICES                                                              ZZZ

(32) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                                 ZZZ
         SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                   ZZZ
         B. DIVERTED WAIVER RECIPIENTS                                                              ZZZ

   VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(33) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                              $$$$$,$

   A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                             $$$$$,$
   A.2.  PHYSICIAN SERVICES EXPENDITURES                                                      $$$$$,$
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                     $$$$$,$
   A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                           $$$$$,$
   A.5.  PRESCRIBED DRUGS EXPENDITURES                                                        $$$$$,$
   A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                           $$$$$,$

   B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                  $$$$$,$
         TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                         $$$$$,$
         B. FOR DIVERTED WAIVER RECIPIENTS                                                    $$$$$,$

   IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(35) A.    FORMULA FACTOR H VALUE                                                                   ZZZ

   X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(36) A.    FORMULA FACTOR I VALUE                                                              $$$$$,$
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HCFA-372 LAG AIDS Waiver (MR-O-083C)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM222
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     4160.90                                                       FORM APPROVED OMB NO. 0938
    WAIVER TITLE      AIDS WAIVER
    INITIAL REPORT X     LAG REPORT                                                                     PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                      NURSING FACILITIES/INPATIENT

   XI.   QUARTERLY OTHER REQUIRED DATA

(37) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                              ZZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                ZZZZ

(38) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                   ZZZZZ,ZZ9                       ZZZZ
           A. NONWAIVER RECIPIENTS                                      ZZZZZ,ZZ9                       ZZZZ
           B. WAIVER RECIPIENTS                                         ZZZZZ,ZZ9                       ZZZZ

    C.       ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DET
             EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.

    D.       IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

             ASSURANCES: (PLEASE CHECK)

         | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
         | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE
                TAKEN WHERE APPROPRIATE.
         | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED,
                CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

             DOCUMENTATION: (PLEASE CHECK AND ATTACH)

         | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER T

             FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

         | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
         | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WER
                DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
                DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
         | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

             CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON TH
                             HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

             SIGNED:

             TITLE:

             DATE:

             CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is submitted at the same time the initial

				report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	Indicates the Levels of Care in the approved waiver. The Levels of Care for the HIV/AIDS Waiver are Nursing Facilities and Inpatient Hospital. These are the Levels of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. Level of Care is determined as of the beginning of each waiver fiscal year, July 1, or the beginning of the initial relevant enrollment period, whichever is most recent. For the Nursing Facilities level of care, recipients are identified as institutionalized based on enrollment when any of the following conditions are met: - Benefit Plan Exception Indicator '1' (SNF), and Provider Type 10 (Skilled Nursing Home Non Mental Health) or 92 (Out-of-State Skilled Care Facility) - Benefit Plan Exception Indicator '7' (Out of State) and Provider Type 92 (Out-of-State Skilled Care Facility). Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator '1' (SNF) and Enrollee Benefit Change Source 86 (vent), 89 (complex) or 92 (rehab). Claims for these recipients are identified as Nursing Facilities claims if any of the following conditions are met: - Provider Type 10 (Skilled Nursing Home Non Mental Health) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 15 (Intermediate Care Facility) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 86 (Out-of-State Intermediate Care Facility) and Claim Type 02 (UB92-Nursing Home (SNF)) - Provider Type 92 (Out-of-State Skilled Care Facility) and Claim Type 02 (UB92-Nursing Home (SNF)). For the Inpatient Hos-

				pital level of care, recipients are identified as institutionalized based on the occurrence of a Claim Type 01 (UB92-Hospital Inpatient) or 09 (XOV -Title-18) Part A service with and AIDS diagnosis occurring during the reporting period. The AIDS diagnosis codes are '042 ' thru '0449 ', '1363 ' , '11501', '11502', '11592'. Recipients in a specialized care program are excluded: Benefit Plan Exception Indicator of 'L' (Long Stay Hospital) and an Enrollee Benefit Change Source of '86' (Vent), '89' (Complex) or '92' (Rehab). Claims for these recipients are identified as Inpatient Hospital claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General) or 91 (Out-of-State Hospital). In Sections V - XI, AIDS Waiver Recipients and Services are report in one combined, Nursing Facilities and Inpatient Hospital, Level of Care column.
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL INSTITUTIONAL	Calculated	DE0002	The total expenditures for services received during the reporting period in

	SERVICES EXPENDITURES			an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for each level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's levels of care. Calculated as follows: For each level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated nonwaiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. A recipient is identified as institutionalized based on enrollment as described in Section I. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III.
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 04 (Long Stay Hospital), 14 (Rehab Hospital) or 85 (Out-of-State Rehab Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 04 (Long Stay Hos-

				pital), 14 (Rehab Hospital) or 85 (Out-of-State Rehab Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).

17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	For each Level of Care in the Waiver, the total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.

22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized. Recipients of AIDS Waiver Services reported in Sections V, VI, VII, VIII, IX, X and in line XI.A. are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital).
23	V.A.1 CASE MANAGEMENT SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received case management services. Case Management services are identified as follows: Procedure Code: Z9440 or T1016.
24	V.A.2 PERSONAL CARE SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received personal care services. Personal Care services are identified as follows: Procedure Code: Z4035, T1019.
25	V.A.3 PRIVATE DUTY NURSING SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received private duty nursing services. Private Duty Nursing services are identified as follows: Procedure Code Z9401, T1002, Z9402 or T1003.
26	V.A.4 RESPITE CARE SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9403, S9125 TD, Z9404, S9125 TE, Z9421 or T1005.
27	V.A.5 CONSUMER DIRECTED RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received Consumer Directed Respite Care services. Consumer Directed Respite Care services are identified as follows: Procedure

				Code Y0064, or S5150.
28	V.A.6 NUTRITIONAL SUPPLEMENTS	Calculated	DE0002	A count of participating waiver recipients who have received nutritional supplements services. Nutritional Supplements services are identified as follows: Procedure Code B4154 or B4155.
29	V.A.7 CONSUMER DIRECTED PERSONAL ASSISTANT	Calculated	DE0002	A count of participating waiver recipients who have received Consumer Directed Personal Assistant services. Consumer Directed Personal Assistant services are identified as follows: Procedure Code Y0078, or S5126.
30	V.A.8 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditures services. Facilitator Expenditures services are identified as follows: Procedure Code Z9560, H2000, Z9566, S5109, Z9562, 99509, Z9564, T1028, Z9568, S5116, Z9570, 99199, Y0061, 99199 w/ modifier of U1, Z8811, Z9590, 99080, or G9002.
31	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for each level of care in the approved waiver.
32	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-8.
33	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for each level of care in the approved

	FACTOR D VALUE/S)			waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.8.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
34	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
35	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
36	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
37	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver-/acute care services recipients (section VII) for each level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
38	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Services.

39	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
40	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
41	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083D HCFA-372 LAG Mental Retardation

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Mental Retardation Waiver is ICF/MR. Recipients are identified as enrolled in the Mental Retardation waiver by a Benefit Plan Exception Indicator of 'X' or 'Y' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Mental Retardation waiver services are identified as follows: Day Support: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1. Prevocational Services: Procedure code H2025 or H2025 w/modifier U1. Supported Employment: Procedure Code Z8597, Z8598 or H2023, H2024. Congregate Residential Support: Procedure Code Z8551, 97535. In-home Residential Support: Procedure Code Z8595 or H2014. Therapeutic Consultation: Procedure Code Z8565 or 97139. Personal Assistance: Procedure Code Z4036 or T1019. CD Personal Assistance: Procedure Code Y0078, S5126. Facilitator Expenditures: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, or G9002. Respite Care: Procedure Code Z9421 or T1005. CD Respite Care: Procedure Code Y0064, S5150. Companion Care: Procedure Code Y0070 or S5135. CD Companion Care: Procedure code S5136. Skilled Nursing: Procedure Code Z9401, Z9402, T1002, or T1003. Environmental Modification: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4. Assistive Technology: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5. Crisis Stabilization: Procedure Code Z8999, H2011, Z8899, H0040. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'. Medication Monitoring: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII.

EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
Frequency:	Quarterly/Annual
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Sequence:	Type of Service
Control Breaks:	Type of Service

HCFA-372 LAG Mental Retardation (MR-O-083D)

MRM222 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/YYYY REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: MM/DD/YYYY HH:MM (1)

HCFA-372 - MRM222
DELIVER TO: LONG TERM CARE-DMAS

STATE VIRGINIA (2) DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD 01/01/2001-03/31/2001 (3) HEALTH CARE FINANCING ADMINISTR
WAIVER NUMBER 0273 (4) FORM APPROVED OMB NO. 0938
WAIVER TITLE MR WAIVER (5)
INITIAL REPORT X LAG REPORT (6) PAGE

LEVEL/S OF CARE IN APPROVED WAIVER (7) IC

I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A. INSTITUTIONAL SERVICES RECIPIENTS (8)

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES (9) ZZ
RECIPIENTS (ACTUAL FACTOR A VALUE/S)
A. NONWAIVER RECIPIENTS ZZ
B. WAIVER RECIPIENTS ZZ

HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF 06/30/2001                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: 06/30/2001 15:49

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                     HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0273                                                          FORM APPROVED OMB NO. 0938
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES      (10)                                                $$

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$

    B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES      (11)                                                $$
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                        $$
          B. FOR WAIVER RECIPIENTS                                                                           $$
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF 06/30/2001                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: 06/30/2001 15:49

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
     REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
     WAIVER NUMBER    0273                                                            FORM APPROVED OMB NO. 0938
     WAIVER TITLE     MR WAIVER
     INITIAL REPORT X    LAG REPORT                                                                        PAGE

     LEVEL/S OF CARE IN APPROVED WAIVER                                                                        IC

     III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO

     A.    TOTAL ACUTE CARE SERVICES RECIPIENTS(12)

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES (13)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     A.2.  PHYSICIANS SERVICES (14)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES(15)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     A.4.  LABORATORY AND X-RAY SERVICES(16)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     A.5.  PRESCRIBED DRUGS (17)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     A.6.  ALL OTHER ACUTE CARE SERVICES(18)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ

     B.1.  TOTAL UNDUPLICATED RECIPIENTS(19)                                                                   ZZ
           (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                                                             ZZ
           B. WAIVER RECIPIENTS                                                                                ZZ
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF 06/30/2001                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: 06/30/2001 15:49

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

     STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
     REPORTING PERIOD 01/01/2001-03/31/2001                                     HEALTH CARE FINANCING ADMINISTRA
     WAIVER NUMBER    0273                                                            FORM APPROVED OMB NO. 0938-
     WAIVER TITLE     MR WAIVER
     INITIAL REPORT X    LAG REPORT                                                                      PAGE (

     LEVEL/S OF CARE IN APPROVED WAIVER

     IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

     A.    TOTAL ACUTE CARE SERVICES EXPENDITURES (20)                                                        $$.

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                     $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     A.2.  PHYSICIAN SERVICES EXPENDITURES                                                                    $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                   $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                         $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                      $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                         $$.
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.

     B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES(21)                                            $$.
           FOR INSTITUTIONAL SERVICES RECIPIENTS
           (ACTUAL FACTOR B VALUE/S)
           A. FOR NONWAIVER RECIPIENTS                                                                        $$.
           B. FOR WAIVER RECIPIENTS                                                                           $$.
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF 06/30/2001                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: 06/30/2001 15:49

HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD  01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER     0273                                                           FORM APPROVED OMB NO. 0938-
    WAIVER TITLE      MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                                     PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      ICI

    V.     QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.     HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.   DAY SUPPORT                                                                                     ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(24) A.2.   PREVOCATIONAL SERVICES                                                                          ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(25) A.3.   SUPPORTED EMPLOYMENT                                                                            ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(26) A.4.   CONGREGATE RESIDENTIAL SUPPORT                                                                  ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(27) A.5.   IN-HOME RESIDENTIAL SUPPORT                                                                     ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(28) A.6.   THERAPEUTIC CONSULTATION                                                                        ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(29) A.7.   PERSONAL ASSISTANCE                                                                             ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(30) A.8.   CD PERSONAL ASSISTANCE                                                                          ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ

(42) B.1.   TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                            ZZZ
            (ACTUAL FACTOR C VALUE/S)
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                        ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                   ZZZ
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF 06/30/2001                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
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HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD  01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER     0273                                                           FORM APPROVED OMB NO. 0938
    WAIVER TITLE      MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      IC

    V.     QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.     HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(31) A.9.  FACILITATOR EXPENDITURES                                                                         ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(32) A.10. RESPITE CARE                                                                                     ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(33) A.11. CD RESPITE CARE                                                                                  ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(34) A.12. COMPANION CARE                                                                                   ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(35) A.13. CD COMPANION CARE                                                                                ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(36) A.14. SKILLED NURSING                                                                                  ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(37) A.15  ENVIRONMENTAL MODIFICATION                                                                       ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ

(38) A.16. ASSISTIVE TECHNOLOGY                                                                             ZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                         ZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                    ZZ
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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF 06/30/2001                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
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DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0273                                                           FORM APPROVED OMB NO. 0938
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                                       PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      IC

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(39) A.17. CRISIS STABILIZATION                                                                             ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(40) A.18. CRISIS SUPERVISION                                                                               ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(41) A.19. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                                                        ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ

(42) A.20. MEDICATION MONITORING                                                                            ZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZ
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF 06/30/2001                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
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HCFA-372 - MRM222
DELIVER TO:  LONG TERM CARE-DMAS

    STATE              VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD   01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER      0273                                                          FORM APPROVED OMB NO. 0938-
    WAIVER TITLE       MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                                    PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITUR(43)                          $$,$$$,$$
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES                                                                     $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.2.  PREVOCATIONAL SERVICES EXPENDITURES                                                         $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.3.  SUPPORTED EMPLOYMENT EXPENDITURES                                                            $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.4.  CONGREGATE RESIDENTIAL SUPPORT EXPENDITURES                                                  $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.5.  IN-HOME RESIDENTIAL SUPPORT EXPENDITURES                                                     $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.6.  THERAPEUTIC CONSULTATION EXPENDITURES                                                        $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.7.  PERSONAL ASSISTANCE EXPENDITURES                                                             $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    A.8.  CD PERSONAL ASSISTANCE EXPENDITURES                                                          $$,$$$,$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$

    B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER        (44)                                        $$,$$$,$$
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 $$,$$$,$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                            $$,$$$,$$
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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SER
    REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0273                                                           FORM APPROVED OMB NO. 0938
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                            $$,$$$,$$$
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.9.  FACILITATOR EXPENDITURES                                                                    $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.10. RESPITE CARE EXPENDITURES                                                                   $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.11. CD RESPITE CARE EXPENDITURES                                                                $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.12. COMPANION CARE EXPENDITURES                                                                 $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.13. CD COMPANION CARE EXPENDITURES                                                              $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.14. SKILLED NURSING EXPENDITURES                                                                $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.15. ENVIRONMENTAL MODIFICATION EXPENDITURES                                                     $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$

    A.16. ASSISTIVE TECHNOLOGY EXPENDITURES                                                           $$,$$$,$$$
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                           $$,$$$,$$$
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF 06/30/2001                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
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DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0273                                                           FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE (

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                              $$,$$$,$$9
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.17. CRISIS STABILIZATION EXPENDITURES                                                             $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    A.18. CRISIS SUPERVISION EXPENDITURES                                                               $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    A.19. PERSONAL EMERGENCY RESPONSE SYSTEM EXPENDITURES(PERS)                                         $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    A.20. MEDICATION MONITORING EXPENDITURES                                                            $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF 06/30/2001                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
RUN DATE: 06/30/2001 15:49

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DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD 01/01/2001-03/31/2001                                     HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0273                                                          FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     MR WAIVER
    INITIAL REPORT X    LAG REPORT                                                                    PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                 ICF/MR

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS  (45)

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                        ZZZ,ZZ9
    A.2.  PHYSICIANS SERVICES                                                                      ZZZ,ZZ9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                      ZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                                            ZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                                         ZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                            ZZZ,ZZ9

    B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES  (46)                                  ZZZ,ZZ9
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                            ZZZ,ZZ9

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES  (47)                                        $$,$$$,$$$

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                      $$,$$$,$$$
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                     $$,$$$,$$$
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                    $$,$$$,$$$
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                          $$,$$$,$$$
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                       $$,$$$,$$$
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                          $$,$$$,$$$

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES  (48)                           $$,$$$,$$$
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                        $$,$$$,$$$
          B. FOR DIVERTED WAIVER RECIPIENTS                                                   $$,$$$,$$$

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

    A.    FORMULA FACTOR H VALUE  (49)                                                        $$,$$$,$$$

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

    A.    FORMULA FACTOR I VALUE  (50)                                                        $$,$$$,$$$
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HCFA-372 LAG Mental Retardation (MR-O-083D)

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MRM222                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          RE
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DELIVER TO:  LONG TERM CARE-DMAS

    STATE              VIRGINIA                                          DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD 01/01/2001-03/31/2001                                  HEALTH CARE FINANCING ADMINISTRATION
    WAIVER NUMBER     0227                                                      FORM APPROVED OMB NO. 0938-0272
    WAIVER TITLE      MR WAIVER
    INITIAL REPORT X     LAG REPORT                                                                    PAGE 05

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  ICF/MR

    XI.   QUARTERLY OTHER REQUIRED DATA

    A.    TOTAL DAYS OF WAIVERED COVERAGE  (51)                                                         ZZZ,ZZ9
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ,ZZ9

    B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE  (52)                                              ZZZ,ZZ9
          A. NONWAIVER RECIPIENTS                                                                       ZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                          ZZZ,ZZ9

    C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DET
           EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.

    D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

           ASSURANCES: (PLEASE CHECK)

       | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
       | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE
              TAKEN WHERE APPROPRIATE.
       | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED,
              CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

           DOCUMENTATION: (PLEASE CHECK AND ATTACH)

       | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER T

           FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

       | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
       | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WER
              DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
              DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
       | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

           CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON TH
                           HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

           SIGNED:

           TITLE:

           DATE:

           CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag Report	Calculated	DE0002	Indicates an initial report or a lag report. A lag report for a period is sub-

				mitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Mental Retardation Waiver is ICF/MR. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The Mental Retardation waiver has only one Level of Care so only one column is displayed. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL INSTITUTIONAL SERVICES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under

	EXPENDITURES			the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hos-

				pital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08

				(HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of

				unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code Z8556, Z8557, Z8560, Z8561 or 97537 or 97537 w/modifier U3.
24	V.A.2 PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure code H2025 or H2025 w/modifier U3.
25	V.A.3 SUPPORTED EMPLOYMENT	Calculated	DE0002	A count of participating waiver recipients who have received Supported Employment services. Supported Employment services are identified as follows: Procedure Code Z8597, Z8598 or H2023, H2024.
26	V.A.4 CONGREGATE RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Congregate Residential Support services. Congregate Residential Support services are identified as follows: Procedure Code Z8551, 97535.
27	V.A.5 IN-HOME RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received In-Home Residential Support services. In-Home Residential Support services are identified as follows: Procedure Code Z8595 or H2014.

28	V.A.6 THERAPEUTIC CONSULTATION	Calculated	DE0002	A count of participating waiver recipients who have received Therapeutic Consultation services. Therapeutic Consultation services are identified as follows: Procedure Code Z8565 or 97139.
29	V.A.7 PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received personal assistance services. Personal Assistance services are identified as follows: Procedure Code: Z4036 or T1019.
30	V.A.8 CD PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received CD Personal Assistance services. CD Personal Assistance services are identified as follows: Procedure Code Y0078, S5126.
31	V.A.9 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditures services. Facilitator Expenditures services are identified as follows: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, or G9002.
32	V.A.10 RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received respite care services. Respite Care services are identified as follows: Procedure Code Z9421 or T1005.
33	V.A.11 CD RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD respite care services. CD Respite Care services are identified as follows: Procedure Code Y0064, S5150.
34	V.A.12 COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received Companion Care services. Companion Care services are identified as follows: Procedure Code Y0070 or S5135.
35	V.A.13 CD COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Companion Care services. CD Companion

				Care services are identified as follows: Procedure code S5136.
36	V.A.14 SKILLED NURSING	Calculated	DE0002	A count of participating waiver recipients who have received Skilled Nursing services. Skilled Nursing services are identified as follows: Procedure Code Z9401, Z9402, T1002, or T1003.
37	V.A.15 ENVIRONMENTAL MODIFICATION	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modification services. Environmental Modification services are identified as follows: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4.
38	V.A.16 ASSISTIVE TECHNOLOGY	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technology services. Assistive Technology services are identified as follows: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5.
39	V.A.17 CRISIS STABILIZATION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Stabilization services. Crisis Stabilization services are identified as follows: Procedure Code Z8999, H2011, Z8899, and H0040.
40	V.A.18 PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	Calculated	DE0002	A count of participating waiver recipients who have received Personal Emergency Response services. Personal Emergency Response services are identified as follows: Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'.
41	V.A.19 MEDICATION MONITORING	Calculated	DE0002	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185.
42	V.B.1 TOTAL	Calculated	DE0002	The total number of unduplicated dein-

	UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)			stitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
43	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and dein-stitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sec-tions V.A.1-19.
44	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diver-ted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the reg-ulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.19.) divided by the total number of undu-plicated recipients of these services reported in section V, line B.1. for the level of care.
45	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
46	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR	Calculated	DE0002	The total number of unduplicated dein-stitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.

	C VALUE/S)			
47	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
48	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total dein-stitutionalized and diverted waiver-/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these ser-vices reported in section VII, line B.1.
49	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Ser-vices.
50	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
51	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver ser-vices during the reporting period.
52	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083G HCFA-372 LAG IFDDS Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Individual and Family Developmental Disabilities Support (IFDDS) Waiver is ICF/MR. Recipients are identified as enrolled in the IFDDS waiver by a Benefit Plan Exception Indicator of 'R' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. IFDDS waiver services are identified as follows: Day Support: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1. Prevocational Services: Procedure code H2025 or H2025 w/modifier U1. Supported Employment: Procedure Code Z8597, Z8598 or H2023, H2024. In-home Residential Support: Procedure Code Z8595 or H2014. Therapeutic Consultation: Procedure Code Z8565 or 97139. Personal Assistance: Procedure Code Z4036 or T1019. Respite Care: Procedure Code Z9421 or T1005. Skilled Nursing: Procedure Code Y0059, Y0060, T1002, or T1003. Environmental Modification: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4. Assistive Technology: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5. Crisis Stabilization: Procedure Code Y0056, Y0057, H2011 or H0040. CD Personal Assistance: Procedure Code Y0078 or S5126. Facilitator Expenditures: Procedure Code Y0065, H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, G9002, Y0069, Y0062, Y0063, Z9562 or Z9564. Companion Care: Procedure Code Y0070 or S5135. CD Companion Care: Procedure code S5136. Personal Emergency Response System (PERS): Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'. Medication Monitoring: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185. Family Caregiver Training: Procedure Code Y0077 or S5111. CD Respite Care: Procedure Code Y0064, S5150. The report is divided into the following sections: I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services

recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

MRM225 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF:MM/DD/YYYY (1) REVSIED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PAG
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO: LONG TERM CARE-DMAS

(2) STATE VIRGINIA DEPARTMENT OF HEALTH AND
(3) REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING
(4) WAIVER NUMBER 0358 FORM APPROVED OM
(5) WAIVER TITLE IFDDS WAIVER
(6) INITIAL REPORT X LAG REPORT

(7) LEVEL/S OF CARE IN APPROVED WAIVER IF

I. QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A. INSTITUTIONAL SERVICES RECIPIENTS

A.1. ICF/MR SERVICES
A. NONWAIVER RECIPIENTS ZZZ,
B. WAIVER RECIPIENTS ZZZ,

A.2. NURSING FACILITIES SERVICES
A. NONWAIVER RECIPIENTS ZZZ,
B. WAIVER RECIPIENTS ZZZ,

A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES
A. NONWAIVER RECIPIENTS ZZZ,
B. WAIVER RECIPIENTS ZZZ,

A.4. HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
A. NONWAIVER RECIPIENTS ZZZ,
B. WAIVER RECIPIENTS ZZZ,

(9) B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES
RECIPIENTS (ACTUAL FACTOR A VALUE/S) ZZZ,
A. NONWAIVER RECIPIENTS ZZZ,
B. WAIVER RECIPIENTS ZZZ,

HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY           REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS           PA
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AN
    REPORTING PERIOD 10/01/2000-12/31/2000                                         HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                               FORM APPROVED C
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    IF

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(10)  A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES

      A.1.  ICF/MR SERVICES EXPENDITURES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.2.  NURSING FACILITIES SERVICES EXPENDITURES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

      A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS

(11)  B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES
            EXPENDITURES (ACTUAL FACTOR B VALUE/S)
            A. FOR NONWAIVER RECIPIENTS
            B. FOR WAIVER RECIPIENTS
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF:MM/DD/YYYY            REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAGE 1
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA                                                    DEPARTMENT OF HEALTH AND HU
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                          HEALTH CARE FINANCING AD
    WAIVER NUMBER    0358                                                                FORM APPROVED OMB N
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                          PA

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    IFDDS

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIO

(12)  A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13)  A.1.  ACUTE INPATIENT HOSPITAL SERVICES
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,999
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(14)  A.2.  PHYSICIANS SERVICES
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(15)  A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(16)  A.4.  LABORATORY AND X-RAY SERVICES
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(17)  A.5.  PRESCRIBED DRUGS
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(18)  A.6.  ALL OTHER ACUTE CARE SERVICES
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9

(19)  B.1. TOTAL UNDUPLICATED RECIPIENTS                                                              ZZZ,ZZ9
           (ACTUAL FACTOR A VALUE/S)
            A. NONWAIVER RECIPIENTS                                                                   ZZZ,ZZ9
            B. WAIVER RECIPIENTS                                                                      ZZZ,ZZ9
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF:MM/DD/YYYY            REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAGE NU
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AND HUM
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCING ADM
    WAIVER NUMBER    0358                                                               FORM APPROVED OMB NO
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAG

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IFDDS

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20)  A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                      $$.

      A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                              $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

      A.2.  PHYSICIAN SERVICES EXPENDITURES                                                             $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

      A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                            $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

      A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                  $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

      A.5.  PRESCRIBED DRUGS EXPENDITURES                                                               $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

      A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                  $$.
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.

(21)  B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                         $$.
            FOR INSTITUTIONAL SERVICES RECIPIENTS
            (ACTUAL FACTOR B VALUE/S)
            A. FOR NONWAIVER RECIPIENTS                                                                 $$.
            B. FOR WAIVER RECIPIENTS                                                                    $$.
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY            REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PA
RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE - DMAS

    STATE              VIRGINIA                                                  DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                          HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                                FORM APPROVED (
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    II

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22)  A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23)  A.1.  DAY SUPPORT                                                                                   ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(24)  A.2.  SUPPORTED EMPLOYMENT                                                                          ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(25)  A.3.  PREVOCATIONAL SERVICES                                                                        ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(26)  A.4.  IN-HOME RESIDENTIAL SUPPORT                                                                   ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(27)  A.5.  THERAPEUTIC CONSULTATION                                                                      ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(28)  A.6.  PERSONAL ASSISTANCE                                                                           ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(29)  A.7.  RESPITE CARE                                                                                  ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(30)  A.8.  SKILLED NURSING                                                                               ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ

(42)  B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                          ZZZ
            (ACTUAL FACTOR C VALUE/S)
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZ
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF:MM/DD/YYYY            REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAG
RUN DATE: MM/DD/YYYY HH:MM
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DELIVER TO:  LONG TERM CARE-DMAS

    STATE             VIRGINIA                                                   DEPARTMENT OF HEALTH AND
    REPORTING PERIOD  MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCING
    WAIVER NUMBER     0358                                                               FORM APPROVED OM
    WAIVER TITLE      IFDDS WAIVER
    INITIAL REPORT X     LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                   IFI

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(31)  A.9.  ENVIRONMENTAL MODIFICATION                                                                   ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(32)  A.10. ASSISTIVE TECHNOLOGY                                                                         ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(33)  A.11. CRISIS STABILIZATION                                                                         ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(34)  A.12. CRISIS SUPERVISION                                                                           ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(35)  A.13. CD PERSONAL ASSISTANCE                                                                       ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(36)  A.14. FACILITATOR EXPENSES                                                                         ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(37)  A.15. COMPANION CARE                                                                               ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(38)  A.16. CD COMPANION CARE                                                                            ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ

(39)  A.17. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)                                                    ZZZ
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZ
            B. DIVERTED WAIVER RECIPIENTS                                                                ZZZ
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AND
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    WAIVER NUMBER    0358                                                               FORM APPROVED OM
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                  IFD

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(40)  A.18. MEDICATION MONITORING                                                                       ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                               ZZZ,

(41)  A.19. FAMILY CAREGIVER TRAINING                                                                   ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                               ZZZ,

(42)  A.20. CD RESPITE CARE                                                                             ZZZ,
            A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZ,
            B. DIVERTED WAIVER RECIPIENTS                                                               ZZZ,
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DELIVER TO:  LONG TERM CARE - DMAS

    STATE              VIRGINIA                                                   DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                           HEALTH CARE FINANCIN
    WAIVER NUMBER      0358                                                               FORM APPROVED O
    WAIVER TITLE       IFDDS WAIVER
    INITIAL REPORT X     LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

(43)  A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
            (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.2.  SUPPORTED EMPLOYMENT EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.3.  PREVOCATIONAL SERVICES EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.4.  IN-HOMR RESIDENTIAL SUPPORT EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.5.  THERAPEUTIC CONSULTATION EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.6.  PERSONAL CARE EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.7.  RESPITE CARE EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

    A.8.  SKILLED NURSING EXPENDITURES
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS

(44)  B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER
            SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
            A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
            B. FOR DIVERTED WAIVER RECIPIENTS
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HCFA-372 LAG IFDDS Waiver (MR-O-083G)

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MRM225                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
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DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                        DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                              HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                                  FORM APPROVED O
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT


    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.9.  ENVIRONMENTAL MODIFICATION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.10. ASSISTIVE TECHNOLOGY EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.11. CRISIS STABILIZATION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.12. CRISIS SUPERVISION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.13. CD PERSONAL EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.14. FACILITATOR EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.15. COMPANION CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.16. CD COMPANION EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.17. PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS
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RUN DATE: MM/DD/YYYY HH:MM
HCFA-372 - MRM225
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                          DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                                HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                                      FORM APPROVED O
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT


    LEVEL/S OF CARE IN APPROVED WAIVER

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.18. MEDICATION MONITORING EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.19. FAMILY CAREGIVER EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS

    A.20. CD RESPITE CARE EXPENDITURES
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS
          B. FOR DIVERTED WAIVER RECIPIENTS
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    STATE            VIRGINIA                                                   DEPARTMENT OF HEALTH AND
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                         HEALTH CARE FINANCING
    WAIVER NUMBER    0358                                                               FORM APPROVED OM
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      IFD

(45) VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

     A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES
     A.2.  PHYSICIANS SERVICES
     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
     A.4.  LABORATORY AND X-RAY SERVICES
     A.5.  PRESCRIBED DRUGS
     A.6.  ALL OTHER ACUTE CARE SERVICES

(46) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES
           RECIPIENTS (ACTUAL FACTOR C VALUE/S)
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS
           B. DIVERTED WAIVER RECIPIENTS

     VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(47) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                           $$

     A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                   $$
     A.2.  PHYSICIAN SERVICES EXPENDITURES                                                                  $$
     A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                 $$
     A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                       $$
     A.5.  PRESCRIBED DRUGS EXPENDITURES                                                                    $$
     A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                       $$

(48) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                              $$
           TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
           A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     $$
           B. FOR DIVERTED WAIVER RECIPIENTS                                                                $$

     IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(49) A.    FORMULA FACTOR H VALUE

      X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(50) A.    FORMULA FACTOR I VALUE                                                                           $$
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    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AN
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCIN
    WAIVER NUMBER    0358                                                             FORM APPROVED C
    WAIVER TITLE     IFDDS WAIVER
    INITIAL REPORT X    LAG REPORT

    LEVEL/S OF CARE IN APPROVED WAIVER                                                                IF

    XI.   QUARTERLY OTHER REQUIRED DATA

(51) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                          ZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                 ZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                            ZZZ

(52) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                                               ZZZ
           A. NONWAIVER RECIPIENTS                                                                  ZZZ
           B. WAIVER RECIPIENTS                                                                     ZZZ

     C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR
            EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAI

     D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.
            ASSURANCES: (PLEASE CHECK)

        | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
        | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS
               TAKEN WHERE APPROPRIATE.
        | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICEN
               CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
            DOCUMENTATION: (PLEASE CHECK AND ATTACH)

        | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UND
            FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

        | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
        | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES
               DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDE
               DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
        | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.
            CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN O
                            HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
            SIGNED:
            TITLE:
            DATE:
            CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	Annual, Revised Annual, or Quarterly - Literal describing the type of run.
2	State	Calculated	DE0002	The Reporting State
3	Reporting Period	Calculated	DE0002	The quarter or one year period covered by the report.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/Lag	Calculated	DE0002	Indicates an initial report or a lag

	Report			report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Individual and Family Developmental Disabilities Support (IFDDS) Waiver is ICF/MR. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. The IFDDS waiver has only one Level of Care so only one column is displayed. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL	Calculated	DE0002	The total expenditures for services

	INSTITUTIONAL SERVICES EXPENDITURES			received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated nonwaiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions

				are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIAN SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray

				Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS EXPENDITURES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6. ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non-waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	An unduplicated count of nonwaiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non-waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non-waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care ser-

				vices (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code Z8556, Z8557, Z8560, and Z8561, 97537 or 97537 w/modifier U1.
24	V.A.2 PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure code H2025 or H2025 w/modifier U3.
25	V.A.3 SUPPORTED EMPLOYMENT	Calculated	DE0002	A count of participating waiver recipients who have received Supported Employment services. Supported Employment services are identified as follows: Procedure Code Z8597, Z8598 or H2023, H2024.
26	V.A.4 IN-HOME RESIDENTIAL SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received In-home Residential Support services. In-home Residential Support services are identified as follows: Procedure Code Z8595 or H2014.
27	V.A.5 THERAPEUTIC CONSULTATION	Calculated	DE0002	A count of participating waiver recipients who have received Therapeutic Consultation services. Therapeutic Consultation services are identified as

				follows: Procedure Code Z8565 or 97139.
28	V.A.6 PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received personal assistance services. Personal Assistance Services are identified as follows: Procedure Code Z4036 or T1019.
30	V.A.8 SKILLED NURSING	Calculated	DE0002	A count of participating waiver recipients who have received Skilled Nursing services. Skilled Nursing services are identified as follows: Procedure Code Y0059, Y0060, T1002, or T1003.
31	V.A.9 ENVIRONMENTAL MODIFICATION	Calculated	DE0002	A count of participating waiver recipients who have received Environmental Modification services. Environmental Modification services are identified as follows: Procedure Code Z8599, S5165, Z8600, Z8601, Z8602, Y0058 or 99199 w/ modifier U4.
32	V.A.10 ASSISTIVE TECHNOLOGY	Calculated	DE0002	A count of participating waiver recipients who have received Assistive Technology services. Assistive Technology services are identified as follows: Procedure Code Z8603, Z8604, Z8605, T1999 or T1999 w/ modifier U5.
33	V.A.11 CRISIS STABILIZATION	Calculated	DE0002	A count of participating waiver recipients who have received Crisis Stabilization services. Crisis Stabilization services are identified as follows: Procedure Code Y0056, Y0057, H2011 or H0040
34	V.A.12 CD PERSONAL ASSISTANCE	Calculated	DE0002	A count of participating waiver recipients who have received CD Personal Assistance services. CD Personal Assistance services are identified as follows: Procedure Code Y0078 or S5126.
35	V.A.13 FACILITATOR EXPENDITURES	Calculated	DE0002	A count of participating waiver recipients who have received Facilitator Expenditure services. Facilitator Expenditure services are identified as follows: Procedure Code Y0065,

				H2000, Y0066, S5116, S9122, Y0067, 99509, Y0068, T1028, Z9568, Z9570, 99199, Y0061, 99199 w/ modifier U1, Z8811, Z9590, 99080, G9002, Y0069, Y0062, Y0063, Z9562 or Z9564.
36	V.A.14 COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received Companion Care services. Companion Care services are identified as follows: Procedure Code Y0070 or S5135.
37	V.A.15 CD COMPANION CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Companion Care services. CD Companion Care services are identified as follows: Procedure code S5136.
38	V.A.16 PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	Calculated	DE0002	A count of participating waiver recipients who have received Personal Emergency Response System services. Personal Emergency Response System services are identified as follows: Procedure Code Y0071, S5160, S5161, Y0073, Y0075, Y0076, H2021 w/ a Procedure Modifier 'TD', or H2021 w/ a Procedure 'TE'.
39	V.A.17 MEDICATION MONITORING	Calculated	DE0002	A count of participating waiver recipients who have received Medication Monitoring services. Medication Monitoring services are identified as follows: Procedure Code Y0072, Y0074, S5160 w/modifier U1 or S5185.
40	V.A.18 FAMILY CAREGIVER TRAINING	Calculated	DE0002	A count of participating waiver recipients who have received Family Caregiver Training services. Family Caregiver Training services are identified as follows: Procedure Code Y0077 or SS608.
41	V.A.19 CD RESPITE CARE	Calculated	DE0002	A count of participating waiver recipients who have received CD Respite services. CD Respite services are identified as follows: Procedure Code Y0064, S5150.
42	V.B.1 TOTAL UNDUPLICATED SECTION 1915(C)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the

	WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)			approved waiver.
43	VI.A TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-19.
44	VI.B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.19.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
45	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
46	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
47	VIII.A TOTAL	Calculated	DE0002	The total annual expenditures for

	ACUTE CARE SERVICES EXPENDITURES			acute care services provided to the §1915(c) waiver recipients distributed by level of care.
48	VIII.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total dein-stitutionalized and diverted waiver-/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these ser-vices reported in section VII, line B.1.
49	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Ser-vices.
50	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
51	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver ser-vices during the reporting period.
52	XI.B TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083I HCFA 372-Day Support (LAG)

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Level of Care covered by the Day Support Waiver is Nursing Facilities . For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the Day Support Waiver by a Benefit Plan Exception Indicator of 'S' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Day Support Waiver services are identified with procedure codes '97537', '97537U1', 'H2025' and 'H2025U1'. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

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HCFA 372-Day Support (LAG) (MR-O-083I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                     REVISED ANNUAL REPORT ON HOME AND COMMUNITY BASED SERVICE WAIVERS
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HCFA-372 - MRM227
DELIVER TO:  LONG TERM CARE-DMAS

    STATE            VIRGINIA(2)                                   DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD 01/01/2001-03/31/2001(3)                         HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    XXXX (4)                                              FORM APPROVED OMB NO. XXXX-
    WAIVER TITLE     DS WAIVER (5)
    INITIAL REPORT X    LAG REPORT(6)                                                              PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER(7)                                                                ICF

    I.    QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    INSTITUTIONAL SERVICES RECIPIENTS (8)

    A.1.  ICF/MR SERVICES
          A. NONWAIVER RECIPIENTS                                                                        ZZZ
          B. WAIVER RECIPIENTS                                                                           ZZZ

    A.2.  NURSING FACILITIES SERVICES
          A. NONWAIVER RECIPIENTS                                                                        ZZZ
          B. WAIVER RECIPIENTS                                                                           ZZZ

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. NONWAIVER RECIPIENTS                                                                        ZZZ
          B. WAIVER RECIPIENTS                                                                           ZZZ

    A.4.  HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
          A. NONWAIVER RECIPIENTS                                                                        ZZZ
          B. WAIVER RECIPIENTS                                                                           ZZZ

    B.1.  TOTAL UNDUPLICATED INSTITUTIONAL SERVICES(9)                                                   ZZZ
          RECIPIENTS (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                        ZZZ
          B. WAIVER RECIPIENTS                                                                           ZZZ
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HCFA 372-Day Support (LAG) (MR-O-083I)

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    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERVI
    REPORTING PERIOD 01/01/2001-03/31/2001                                      HEALTH CARE FINANCING ADMINISTRAT
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                        IC

    II.   QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

    A.    TOTAL INSTITUTIONAL SERVICES EXPENDITURES      (10)                                            $$,$

    A.1.  ICF/MR SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                   $$,$
          B. FOR WAIVER RECIPIENTS                                                                      $$,$

    A.2.  NURSING FACILITIES SERVICES EXPENDITURES
          A. FOR NONWAIVER RECIPIENTS                                                                   $$,$
          B. FOR WAIVER RECIPIENTS                                                                      $$,$

    A.3.  MENTAL HEALTH FACILITY SNF/ICF SERVICES
          A. FOR NONWAIVER RECIPIENTS                                                                   $$,$
          B. FOR WAIVER RECIPIENTS                                                                      $$,$

    A.4.  HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
          A. FOR NONWAIVER RECIPIENTS                                                                   $$,$
          B. FOR WAIVER RECIPIENTS                                                                      $$,$

    B.1.  AVERAGE PER CAPITA INSTITUTIONAL SERVICES      (11)                                           $$,$
          EXPENDITURES (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                                                   $$,$
          B. FOR WAIVER RECIPIENTS                                                                      $$,$
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HCFA 372-Day Support (LAG) (MR-O-083I)

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MRM227                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                        ICF/

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTIONA
                                                  (12)
    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS
                                                (13)
    A.1.  ACUTE INPATIENT HOSPITAL SERVICES
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                (14)
    A.2.  PHYSICIANS SERVICES
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                            (15)
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                          (16)
    A.4.  LABORATORY AND X-RAY SERVICES
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                (17)
    A.5.  PRESCRIBED DRUGS
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                          (18)
    A.6.  ALL OTHER ACUTE CARE SERVICES
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
                                          (19)
    B.1.  TOTAL UNDUPLICATED RECIPIENTS                                                                       ZZZ,
          (ACTUAL FACTOR A VALUE/S)
          A. NONWAIVER RECIPIENTS                                                                             ZZZ,
          B. WAIVER RECIPIENTS                                                                                ZZZ,
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                          I

    IV.    QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS
                                                  (20)
    A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                                                          $$,$

    A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                                  $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$

    A.2.   PHYSICIAN SERVICES EXPENDITURES                                                                 $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$

    A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                                $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$

    A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES                                                      $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$

    A.5.   PRESCRIBED DRUGS EXPENDITURES                                                                   $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$

    A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                      $$,$
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$
                                                  (21)
    B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                             $$,$
           FOR INSTITUTIONAL SERVICES RECIPIENTS
           (ACTUAL FACTOR B VALUE/S)
           A. FOR NONWAIVER RECIPIENTS                                                                     $$,$
           B. FOR WAIVER RECIPIENTS                                                                        $$,$
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                      ICF

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS
(22)
    A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)
(23)
    A.1.  DAY SUPPORT                                                                                       ZZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZZ
(24)
    A.2.  PREVOCATIONAL SERVICES                                                                            ZZZ
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZZ
(25)

    B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                              ZZZ
          (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                          ZZZ
          B. DIVERTED WAIVER RECIPIENTS                                                                     ZZZ
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                    ICF/MR

    VI.   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES
                                                                                (26)
    A.    TOTAL HCFA APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                              $$,$$$,$$9
          (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

    A.1.  DAY SUPPORT EXPENDITURES                                                                      $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9

    A.2.  PREVOCATIONAL SERVICES EXPENDITURES                                                           $$,$$$,$$9
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9
                                                (27)
    B.1.  AVERAGE PER CAPITA SECTION 1915(C) WAIVER                                                     $$,$$$,$$9
          SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                  $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                             $$,$$$,$$9
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                                   ICF/MR

    VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

    A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                          ZZZ,ZZ9
    A.2.  PHYSICIANS SERVICES                                                                        ZZZ,ZZ9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                        ZZZ,ZZ9
    A.4.  LABORATORY AND X-RAY SERVICES                                                              ZZZ,ZZ9
    A.5.  PRESCRIBED DRUGS                                                                           ZZZ,ZZ9
    A.6.  ALL OTHER ACUTE CARE SERVICES                                                              ZZZ,ZZ9

    B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES                                          ZZZ,ZZ9
          RECIPIENTS (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                   ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                              ZZZ,ZZ9

    VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

    A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                 $$,$$$,$$9

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                                         $$,$$$,$$9
    A.2.  PHYSICIAN SERVICES EXPENDITURES                                                        $$,$$$,$$9
    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                       $$,$$$,$$9
    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                             $$,$$$,$$9
    A.5.  PRESCRIBED DRUGS EXPENDITURES                                                          $$,$$$,$$9
    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                             $$,$$$,$$9

    B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                    $$,$$$,$$9
          TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
          A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                           $$,$$$,$$9
          B. FOR DIVERTED WAIVER RECIPIENTS                                                      $$,$$$,$$9

    IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

    A.    FORMULA FACTOR H VALUE                                                                 $$,$$$,$$9

    X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

    A.    FORMULA FACTOR I VALUE                                                                 $$,$$$,$$9
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    STATE            VIRGINIA                                        DEPARTMENT OF HEALTH AND HUMAN SERVICES
    REPORTING PERIOD 01/01/2001-03/31/2001                              HEALTH CARE FINANCING ADMINISTRATION
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    LEVEL/S OF CARE IN APPROVED WAIVER                                                          ICF/MR

    XI.   QUARTERLY OTHER REQUIRED DATA

    A.    TOTAL DAYS OF WAIVERED COVERAGE  (34)                                                 ZZZ,ZZ9
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                              ZZZ,ZZ9
          B. DIVERTED WAIVER RECIPIENTS                                                         ZZZ,ZZ9

    B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE  (35)                                      ZZZ,ZZ9
          A. NONWAIVER RECIPIENTS                                                               ZZZ,ZZ9
          B. WAIVER RECIPIENTS                                                                  ZZZ,ZZ9

    C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETA
           EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

           ASSURANCES: (PLEASE CHECK)

       | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
       | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE
              TAKEN WHERE APPROPRIATE.
       | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED,
              CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

           DOCUMENTATION: (PLEASE CHECK AND ATTACH)

       | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER TH

           FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

       | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
       | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
              DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
              DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
       | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

           CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE
                           HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

           SIGNED:

           TITLE:

           DATE:

           CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type Of Run	Calculated	DE0002	Determines the time period of the report. Valid values is "LAG"
2	State	Calculated	DE0002	State for which the HCFA 372 report is run.
3	Reporting Period	Calculated	DE0002	Determines the reporting period for the HCFA 372 Day support Waiver.
4	Waiver Number	Calculated	DE0002	Waiver Number for HCFA 372 Day Support Waiver is "0430".
5	Waiver Title	Calculated	DE0002	Name by which the HCFA 372 report is known.
6	Initial/Lag report	Calculated	DE0002	Determines whether the report is Initial or lag report.

7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated non waiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Non waiver recipients.
8	I.A.INSTITUTIONAL SERVICES	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
9	I.B.1.TOTAL UNDUPLICATED INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
10	II.A.TOTAL INSTITUTIONAL SERVICE EXPENDITURES	Calculated	DE0002	The total expenditures for services received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1.AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES	Calculated	DE0002	The average per capita institutional services expenditures for all non-waiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type

				of care.
12	III.A.TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1.ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated non waiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions are met: - Claim Type 09 (XOV -Title-18) Part A and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2.PHYSICIANS SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following con-

				ditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV - Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3.OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4.LABORATORY AND X-RAY SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following conditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV - Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5.PRESCRIBED DRUGS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).

18	III.A.6.ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1.TOTAL UNDUPLICATED RECIPIENTS	Calculated	DE0002	An unduplicated count of non waiver and waiver recipients who received acute care services while institutionalized.
20	IV.A.TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	III.B.1.AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for acute care services to the non waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of unduplicated recipients of these services reported in section III, line B.1.
22	V.A.HCFA APPROVED SECTION 1915© WAIVER SERVICES RECIPIENTS	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as

				described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1.DAY SUPPORT	Calculated	DE0002	A count of participating waiver recipients who have received Day Support services. Day Support services are identified as follows: Procedure Code 97537 or 97537 with modifier U1.
24	V.A.2.PREVOCATIONAL SERVICES	Calculated	DE0002	A count of participating waiver recipients who have received Prevocational services. Prevocational services are identified as follows: Procedure code H2025 or H2025 w/modifier U1.
25	V.B.1.TOTAL UNDUPLICATED SECTION 1915© WAIVER RECIPIENTS	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
26	VI.A.TOTAL HCFA APPROVED SECTION 1915© WAIVER SERVICES EXPENDITURES	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-A.2.
27	VI.B.1.AVERAGE PER CAPITA SECTION 1915© WAIVER SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the

				sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.2.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
28	VII.A.TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
29	VII.B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
30	VIII.A.TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
31	VIII.B.1.AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for acute care services provided during the period to the total deinstitutionalized and diverted waiver/acute care services recipients (section VII) for the level of care in the approved waiver. Calculated as: The sum of the annual expenditures for acute care services (section VIII, line A.1.-A.6.) divided by the total number of unduplicated recipients of these services reported in section VII, line B.1.
32	IX.A.FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Services.
33	X.A.FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
34	XI.A.TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	The total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more

				paid waiver services during the reporting period.
35	XI.B.TOTAL DAYS OF INSTITUTIONAL LONG TERM CARE	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

Output Reports MR-O-083J HCFA-372 LAG Alzheimer Assisted Living Waiver

General Information

This report is used by CMS to compare actual data to the approved waiver estimates and, in conjunction with compliance review reports, MSIS data and the HCFA-64, to determine whether to continue a home and community-based services waiver. The Levels of Care covered by the Alzheimer Assisted Living Waiver are Nursing Facilities and Inpatient Hospital. For Sections V, VI, VII, VIII, IX, X and line XI.A of this waiver, recipients of waiver services are combined into a single Level of Care (Nursing Facilities/Inpatient Hospital) since the level of care of individual waiver recipients is not differentiated. Recipients are identified as enrolled in the Alzheimer Assisted Living Waiver by a Benefit Plan Exception Indicator of 'T' effective during the reporting period. Waiver enrolled recipients are reported as Waiver Recipients if they have received at least one paid waiver service during the reporting period. Alzheimer Assisted Living Waiver services are identified with procedure code 'T2031'. I. NUMBER OF INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER - This section of the report provides unduplicated recipient counts for recipients of institutional services by type of institutional service, level of care, and waiver status. II. EXPENDITURES FOR INSTITUTIONAL SERVICES OF CARE WITH WAIVER - This provides expenditure data for recipients of institutional services by type of institutional service, level of care, and waiver status. III. NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVED ACUTE CARE WHILE INSTITUTIONALIZED - This provides unduplicated recipient counts for institutional services recipients receiving acute care services. IV. EXPENDITURES FOR ACUTE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS - This provides expenditures for institutional services recipients receiving acute care services. V. NUMBER OF SECTION 1915 (C) WAIVER RECIPIENTS - This provides an unduplicated recipient count of waiver recipients. VI. SECTION 1915(C) WAIVER EXPENDITURES - This provides average expenditures for waiver recipients. VII. NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides unduplicated recipients counts by level of care for waiver services recipients receiving acute care services. VIII. EXPENDITURES FOR WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES - This provides expenditures data by level of care for waiver services recipients receiving acute care services. IX. NUMBER OF INSTITUTIONAL LONG TERM CARE SERVICES RECIPIENTS - This provides the number of recipients receiving non-institutional long-term care services. X. AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES - This provides average expenditures per recipient receiving non-institutional long-term care services. XI. OTHER REQUIRED DATA - This provides various additional figures required by HCFA - 372 Reporting.

Subsystem:	MARS

Frequency:	Quarterly/Annual
Volume:	Variable
Number of Copies:	1
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Control Breaks:	N/A

HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                  (1)  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                   REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE              VIRGINIA (2)                                    DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY (3)                            HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER     0435    (4)                                      FORM APPROVED OMB NO. 0938-027
    WAIVER TITLE      ALZHEIMER WAIVER (5)
    INITIAL REPORT X     LAG REPORT (6)                                                                PAGE
                                                                                                        (7)
    LEVEL/S OF CARE IN APPROVED WAIVER                                  NURSING FACILITY          INPATIENT

    I. (1) QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS FOR LEVEL/S OF CARE COVERED BY THE WAIVER

(8) A.     INSTITUTIONAL SERVICES RECIPIENTS

    A.1.   ICF/MR SERVICES
           A. NONWAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                         ZZZ,ZZ9                ZZZ,ZZ

    A.2.   NURSING FACILITIES SERVICES
           A. NONWAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                         ZZZ,ZZ9                ZZZ,ZZ

    A.3.   MENTAL HEALTH FACILITY SNF/ICF SERVICES
           A. NONWAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                         ZZZ,ZZ9                ZZZ,ZZ

    A.4.   HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
           A. NONWAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                                                   ZZZ,ZZ

(9) B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES                    ZZZ,ZZ9                ZZZ,ZZ
           RECIPIENTS (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                      ZZZ,ZZ9                ZZZ,ZZ
           B. WAIVER RECIPIENTS                                         ZZZ,ZZ9                ZZZ,ZZ
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

MRM228 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:MM/DD/YYYY REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO: COMMUNITY BASE CARE - DMAS

STATE VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SER
REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY HEALTH CARE FINANCING ADMINISTR
WAIVER NUMBER 0435 FORM APPROVED OMB NO. 0938
WAIVER TITLE ALZHEIMER WAIVER
INITIAL REPORT X LAG REPORT PAGE

LEVEL/S OF CARE IN APPROVED WAIVER	NURSING FACILITY	INPATIENT HO
II. QUARTERLY EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER		
(10) A. TOTAL INSTITUTIONAL SERVICES EXPENDITURES	$$,$$$,$$9	$$,$$$,$$9
A.1. ICF/MR SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.2. NURSING FACILITIES SERVICES EXPENDITURES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.3. MENTAL HEALTH FACILITY SNF/ICF SERVICES		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
A.4. HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)		
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
(11) B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	$$,$$$,$$9	$$,$$$,$$9
A. FOR NONWAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9
B. FOR WAIVER RECIPIENTS	$$,$$$,$$9	$$,$$$,$$9

HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS        P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0435                                                          FORM APPROVED OMB NO. 093
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                  NURSING FACILITY          INPATIENT

    III.  QUARTERLY NUMBER OF INSTITUTIONAL SERVICES RECIPIENTS WHO RECEIVE ACUTE CARE SERVICES WHILE INSTITUTI

(12) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

(13) A.1.  ACUTE INPATIENT HOSPITAL SERVICES
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(14) A.2.  PHYSICIANS SERVICES
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(15) A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(16) A.4.  LABORATORY AND X-RAY SERVICES
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(17) A.5.  PRESCRIBED DRUGS
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(18) A.6.  ALL OTHER ACUTE CARE SERVICES
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ

(19) B.1. TOTAL UNDUPLICATED RECIPIENTS                              ZZZ,ZZ9                  ZZZ,ZZ

          (ACTUAL FACTOR A VALUE/S)
           A. NONWAIVER RECIPIENTS                                   ZZZ,ZZ9                  ZZZ,ZZ
           B. WAIVER RECIPIENTS                                      ZZZ,ZZ9                  ZZZ,ZZ
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS        PA
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                     HEALTH CARE FINANCING ADMINISTR
    WAIVER NUMBER    0435                                                         FORM APPROVED OMB NO. 093
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                      PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                  NURSING FACILITY        INPATIENT H

    IV.   QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES RECIPIENTS

(20) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                          $$,$$$,$$9            $$,$$$,$$

    A.1.  ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                  $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

    A.2.  PHYSICIAN SERVICES EXPENDITURES                                 $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

    A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

    A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                      $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

    A.5.  PRESCRIBED DRUGS EXPENDITURES                                   $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

    A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                      $$,$$$,$$9            $$,$$$,$$
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$

(21) B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES            $$,$$$,$$9            $$,$$$,$$
          FOR INSTITUTIONAL SERVICES RECIPIENTS
          (ACTUAL FACTOR B VALUE/S)
          A. FOR NONWAIVER RECIPIENTS                                     $$,$$$,$$9            $$,$$$,$$
          B. FOR WAIVER RECIPIENTS                                        $$,$$$,$$9            $$,$$$,$$
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS       P
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                  DEPARTMENT OF HEALTH AND HUMAN SE
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                        HEALTH CARE FINANCING ADMINIST
    WAIVER NUMBER    0435                                                            FORM APPROVED OMB NO. 093
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE

    LEVEL/S OF CARE IN APPROVED WAIVER                                         NURSING FACILITIES/INPATIENT HOSP

    V.    QUARTERLY NUMBER OF SECTION 1915(C) WAIVER RECIPIENTS

(22) A.    HCFA APPROVED SECTION 1915(C) WAIVER SERVICES RECIPIENTS
           (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(23) A.1.  ALZHEIMER ASSISTED LIVING                                                                    ZZZZZ,
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZZZ,
           B. DIVERTED WAIVER RECIPIENTS                                                                ZZZZZ,

(24) B.1.  TOTAL UNDUPLICATED SECTION 1915(C) WAIVER RECIPIENTS                                         ZZZZZ,
           (ACTUAL FACTOR C VALUE/S)
          A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                      ZZZZZ,
          B. DIVERTED WAIVER RECIPIENTS                                                                 ZZZZZ,
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                   REI
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS      PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                 DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                       HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0435                                                            FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X    LAG REPORT                                                                        PAGE (

    LEVEL/S OF CARE IN APPROVED WAIVER                                        NURSING FACILITIES/INPATIENT HOSPI

    VI   QUARTERLY SECTION 1915(C) WAIVER EXPENDITURES

    A.   TOTAL HCFA APPROVED SECTION 1915 © WAIVER SERVICES EXPENDITURES                                ZZZZZ,ZZ
         (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)

(25) A.1. ALZHEIMER ASSISTED LIVING EXPENDITURES                                                         ZZZZZ,ZZ
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZZZ,ZZ
         B. FOR DIVERTED WAIVER RECIPIENTS                                                               ZZZZZ,ZZ

(26) B.1. AVERAGE PER CAPITA SECTION 1915 © WAIVER                                                       ZZZZZ,ZZ
         SERVICES EXPENDITURES (ACTUAL FACTOR D VALUE/S)
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                    ZZZZZ,ZZ
         B. FOR DIVERTED WAIVER RECIPIENTS                                                               ZZZZZ,ZZ
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                 REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS      PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  LONG TERM CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0435                                                          FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                      NURSING FACILITIES/INPATIENT

   VII.  QUARTERLY NUMBER OF WAIVER RECIPIENTS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

(27) A.    TOTAL ACUTE CARE SERVICES RECIPIENTS

   A.1.  ACUTE INPATIENT HOSPITAL SERVICES                                                              ZZZZZ
   A.2.  PHYSICIAN SERVICES                                                                             ZZZZZ
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES                                                            ZZZZZ
   A.4.  LABORATORY AND X-RAY SERVICES                                                                  ZZZZZ
   A.5.  PRESCRIBED DRUGS                                                                               ZZZZZ
   A.6.  ALL OTHER ACUTE CARE SERVICES                                                                  ZZZZZ

(28) B.1.  TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                                     ZZZZZ
         SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)
         A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                       ZZZZZ
         B. DIVERTED WAIVER RECIPIENTS                                                                  ZZZZZ

   VIII. QUARTERLY EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER RECIPIENTS

(29) A.    TOTAL ACUTE CARE SERVICES EXPENDITURES                                                  $$$$$,$$$

   A.1.  INPATIENT HOSPITAL SERVICES EXPENDITURES                                                   $$$$$,$$$
   A.2.  PHYSICIAN SERVICES EXPENDITURES                                                            $$$$$,$$$
   A.3.  OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                                           $$$$$,$$$
   A.4.  LABORATORY AND X-RAY SERVICES EXPENDITURES                                                 $$$$$,$$$
   A.5.  PRESCRIBED DRUGS EXPENDITURES                                                              $$$$$,$$$
   A.6.  ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                                 $$$$$,$$$

   B.1.  AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                                        $$$$$,$$$
         TO WAIVER RECIPIENTS (ACTUAL FACTOR D VALUE/S)
         A. FOR DEINSTITUTIONALIZED WAIVER RECIPIENTS                                               $$$$$,$$$
         B. FOR DIVERTED WAIVER RECIPIENTS                                                          $$$$$,$$$

   IX.   QUARTERLY NUMBER OF NONINSTITUTIONAL LONG-TERM CARE SERVICES RECIPIENTS

(30) A.    FORMULA FACTOR H VALUE                                                                       ZZZZZ

   X.    QUARTERLY AVERAGE PER CAPITA EXPENDITURES FOR NONINSTITUTIONAL LONG-TERM CARE SERVICES

(31) A.    FORMULA FACTOR I VALUE                                                                  $$$$$,$$$
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HCFA-372 LAG Alzheimer Assisted Living Waiver (MR-O-083J)

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MRM228                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY              REVISED QUARTERLY REPORT ON HOME AND COMMUNITY-BASED SERVICE WAIVERS          PAG
RUN DATE: MM/DD/YYYY HH:MM

HCFA-372 - MRM228
DELIVER TO:  COMMUNITY BASE CARE - DMAS

    STATE            VIRGINIA                                                DEPARTMENT OF HEALTH AND HUMAN SERV
    REPORTING PERIOD MM/DD/YYYY-MM/DD/YYYY                                      HEALTH CARE FINANCING ADMINISTRA
    WAIVER NUMBER    0435                                                          FORM APPROVED OMB NO. 0938-
    WAIVER TITLE     ALZHEIMER WAIVER
    INITIAL REPORT X     LAG REPORT                                                                      PAGE 0

    LEVEL/S OF CARE IN APPROVED WAIVER                                       NURSING FACILITIES/INPATIENT

   XI.   QUARTERLY OTHER REQUIRED DATA

(32) A.    TOTAL DAYS OF WAIVERED COVERAGE                                                              ZZZZZ
           A. DEINSTITUTIONALIZED WAIVER RECIPIENTS                                                     ZZZZZ
           B. DIVERTED WAIVER RECIPIENTS                                                                ZZZZZ

(33) B.    TOTAL DAYS OF INSTITUTIONAL LONG-TERM CARE                    ZZZZZ,ZZ9                      ZZZZZ
           A. NONWAIVER RECIPIENTS                                       ZZZZZ,ZZ9                      ZZZZZ
           B. WAIVER RECIPIENTS                                          ZZZZZ,ZZ9                      ZZZZZ

    C.       ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR DETA
             EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF NEW WAIVER.)

    D.       IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE RECIPIENTS.

             ASSURANCES: (PLEASE CHECK)

         | | 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.
         | | 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE
                TAKEN WHERE APPROPRIATE.
         | | 3. ALL PROVIDERS OF WAIVER SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED,
                CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

             DOCUMENTATION: (PLEASE CHECK AND ATTACH)

         | | 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER TH

             FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION, IF APPROPRIATE)

         | | 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR
         | | 6. DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREAS WHERE DEFICIENCIES WERE
                DETECTED.  (NOTE:  INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER RECIPIENTS AND/OR PROVIDERS
                DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY.); AND
         | | 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN, OR ARE BEING CORRECTED.

             CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE
                             HCFA-372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

             SIGNED:

             TITLE:

             DATE:

             CONTACT PERSON:                                          TELEPHONE NUMBER: (        )
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type of Run	Calculated	DE0002	This determines if the report is a Quarterly/ Annual/ Lag Report.
2	State	Calculated	DE0002	State for which the report is executed.
3	Reporting Period	Calculated	DE0002	The period for which the report is run.
4	Waiver Number	Calculated	DE0002	The identifying number of the waiver being reported. Alzheimer Assisted Living Waiver number is '0435'.
5	Waiver Title	Calculated	DE0002	The title by which the waiver is known to HCFA.
6	Initial Report/LAG Report	Calculated	DE0002	Indicates an initial report or a lag

				report. A lag report for a period is submitted at the same time the initial report for the subsequent period.
7	LEVEL/S OF CARE IN APPROVED WAIVER	Calculated	DE0002	ICF/MR - Indicates the Level of Care in the approved waiver. The Level of Care for the Alzheimer Assisted Living Waiver is Nursing Facility/Inpatient Hospital. This is the Level of Care that waiver recipients would otherwise receive and it is used as a column heading identifying the level of care related to the data reported in this column. For this level of care, a recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned). ICF/MR claims are identified as follows: Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
8	I.A INSTITUTIONAL SERVICES RECIPIENTS	Calculated	DE0002	For each Level of Care in the approved waiver, the total number of unduplicated nonwaiver and waiver recipients who received, at any time during the reporting period, the Level of Care covered under the waiver. A Waiver recipient is one who received at least one waiver service during the reporting period. All other recipients are classified as Nonwaiver recipients.
9	I.B.1 TOTAL UNPUPLICATED INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR A VALUE/S)	Calculated	DE0002	The total number of unduplicated institutional services recipients (the sum of lines B.1.a.-b). This number represents, for each level of care, the actual value(s) for the regulatory formula's factor A.
10	II.A TOTAL	Calculated	DE0002	The total expenditures for services

	INSTITUTIONAL SERVICES EXPENDITURES			received during the reporting period in an institution of the type covered under the waiver distributed by level of care for nonwaiver and waiver recipients.
11	II.B.1 AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita institutional services expenditures for all nonwaiver and waiver recipients for the level of care in the approved waiver. This number represents the actual value(s) for the regulatory formula's factor B for the waiver's level of care. Calculated as follows: For the level of care in the approved waiver, calculate the sum of the expenditures reported in subsection A for that type of institutional care (section II, line A.1., A.2., A.3., or A.4.). Divide this sum by the total number of unduplicated recipients of these institutional services (section I, line A.1., A.2., A.3., or A.4.) for that type of care.
12	III.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received, during the reporting period, the level of care covered under the waiver and any of the acute care services while institutionalized. All waiver services reported in Sections V and VI, and all Institutional Services reported in Sections I and II are excluded from section III. A recipient is identified as institutionalized based on enrollment as follows: Benefit Plan Exception Indicator '2' (ICF), and Provider Type 11 (Skilled Nursing Facility - Mentally Retarded), 17 (ICF - Mentally Retarded - State Owned) or 18 (ICF - Mentally Retarded - Community Owned).
13	III.A.1 ACUTE INPATIENT HOSPITAL SERVICES	Calculated	DE0002	The total annual number of unduplicated non-waiver and waiver recipients who received Acute Inpatient Hospital Services while institutionalized. Claims are identified as Acute Inpatient Hospital Services claims if any of the following conditions

				are met: - Claim Type 09 (XOV -Title-18) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital) - Claim Type 01 (Inpatient Hospital) and Provider Type 01 (Hospital, in-state, General), 04 (Long Stay Hospital), 14 (Rehab Hospital), 85 (Out-of-State Rehab Hospital) or 91 (Out-of-State Hospital).
14	III.A.2 PHYSICIANS SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Physician Services while institutionalized. Claims are identified as Physician Services claims if any of the following conditions are met: - Provider Type 20 (Physician) or 95 (Out-of-State Physician) - Claim Type 09 (XOV -Title-18) Part B and Provider Type 20 (Physician) or 95 (Out-of-State Physician).
15	III.A.3 OUTPATIENT HOSPITAL/CLINIC SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Outpatient Hospital/Clinic Services while institutionalized. Claims are identified as Outpatient Hospital/Clinic Services claims if any of the following conditions are met: - Claim Type 03 (UB92-Hospital Outpatient/Home Health) and Provider Type not 50 (Renal Unit), 51 (Health Department Clinic), 53 (Rural Health Clinic), 57 (Rehab Agencies), and 93 (Out-of-State Clinic) - Claim Type 09 (UB92-Hospital Outpatient/Home Health) Part B and Provider Type 01 (Hospital, in-state, General), 05 (TB Hospital), 08 (State Mental Hospital (Med-Surg)).
16	III.A.4 LABORATORY AND X-RAY SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Laboratory and Xray Services while institutionalized. Claims are identified as Laboratory and Xray Services claims if any of the following con-

				ditions are met: - Claim Type 08 (HCFA-Lab) - Claim Type 05 (HCFA-Practitioner) and Primary Procedure '70000' thru '89999' - Claim Type 09 (XOV -Title-18) Part B and Provider Type 70 (Independent Laboratory) or 98 (Out-of-State Laboratory).
17	III.A.5 PRESCRIBED DRUGS	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Prescribed Drugs while institutionalized. Prescribed Drugs claims are identified as follows: - Claim Type 6 (DRUG-Pharmacy).
18	III.A.6 ALL OTHER ACUTE CARE SERVICES	Calculated	DE0002	The total number of unduplicated non waiver and waiver recipients who received Other Acute Care Services while participating in the waiver. Other Acute Care claims include all acute care claims that have not been reported in Sections III.A.1-5.
19	III.B.1 TOTAL UNDUPLICATED RECIPIENTS	Calculated	DE0002	An unduplicated count of non waiver and waiver recipients who received acute care services while institutionalized.
20	IV.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total expenditures for the acute care services provided to the non waiver and waiver institutional services recipients during the reporting period distributed by level of care. The expenditures are accumulated for each Type of Service from claims selected as described in sections III.A.1-6.
21	IV.B.1 AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL SERVICES RECIPIENTS (ACTUAL FACTOR B VALUE/S)	Calculated	DE0002	The average per capita expenditures for acute care services to the non waiver institutional services recipients and waiver institutional services recipients for the level of care in the approved waiver. This number represents, for the level of care in the approved waiver, the actual value for the regulatory formula's factor B'. Calculated as follows: The sum of the annual expenditures for acute care services (section IV, lines A.1.a.-A.6.b.) divided this sum by the total number of

				unduplicated recipients of these services reported in section III, line B.1.
22	V.A HCFA APPROVED SECTION 1915© WAIVER SERVICES RECIPIENTS (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	Calculated	DE0002	Waiver participating recipients who have received one or more of the specified section 1915(c) services distributed by level of care as well as Deinstitutionalized versus Diverted status. Deinstitutionalized waiver recipients refer to individuals whose institutionalization (as described in section I) ended in the 2 months prior to the beginning of the waiver enrollment or 2 months prior to the beginning of the reporting period, whichever is latest. Diverted waiver recipients refer to individuals who were not deinstitutionalized.
23	V.A.1 ALZHEIMER ASSISTED LIVING	Calculated	DE0002	A count of participating waiver recipients who have received Alzheimer Assisted Living services. Alzheimer Assisted Living services are identified as follows: Procedure Code T2031.
24	V.B.1 TOTAL UNDUPLICATED SECTION 1915© WAIVER RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized and diverted §1915(c) home and community-based waiver recipients for the level of care in the approved waiver.
25	VI.A TOTAL HCFA APPROVED SECTION 1915© WAIVER SERVICES EXPENDITURES (SPECIFY EACH SERVICE AS IN THE APPROVED WAIVER)	Calculated	DE0002	Actual Medicaid expenditures for each approved home and community-based waiver service received by the waiver recipients during the reporting period by level of care and deinstitutionalized/diverted status. The expenditures are accumulated from claims selected as described in sections V.A.1-2.
26	VI.B.1 AVERAGE PER CAPITA SECTION 1915© WAIVER SERVICES EXPENDITURES	Calculated	DE0002	The average per capita expenditures for §1915(c) home and community-based services provided to the total number of deinstitutionalized and diverted waiver recipients (section V) for the

	(ACTUAL FACTOR D VALUE/S)			level of care in the approved waiver. This number represents, for each level of care in the approved waiver, the actual value/s for the regulatory formula's factor D. Calculated as: the sum of the annual expenditures for HCFA approved §1915(c) waiver services (section VI, lines A.1.-A.2.) divided by the total number of unduplicated recipients of these services reported in section V, line B.1. for the level of care.
27	VII.A TOTAL ACUTE CARE SERVICES RECIPIENTS	Calculated	DE0002	The total number of unduplicated §1915(c) waiver recipients who received any of the acute care services during the reporting period distributed by type of service. The Type of Service is determined as described in sections III.A.1-6.
28	VII.B.1 TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES RECIPIENTS (ACTUAL FACTOR C VALUE/S)	Calculated	DE0002	The total number of unduplicated deinstitutionalized waiver recipients and diverted waiver recipients who received acute care services during the reporting period.
29	VIII.A TOTAL ACUTE CARE SERVICES EXPENDITURES	Calculated	DE0002	The total annual expenditures for acute care services provided to the §1915(c) waiver recipients distributed by level of care.
30	IX.A FORMULA FACTOR H VALUE	Calculated	DE0002	The number of Recipients receiving Non-institutional Long-Term Care Services.
31	X.A FORMULA FACTOR I VALUE	Calculated	DE0002	The average expenditures for Non-institutional Services.
32	XI.A TOTAL DAYS OF WAIVERED COVERAGE	Calculated	DE0002	he total days of waiver coverage for deinstitutionalized and diverted waiver recipients. To be counted as a waiver recipient, an individual must have received one or more paid waiver services during the reporting period.
33	XI.B TOTAL DAYS OF INSTITUTIONAL	Calculated	DE0002	The total days of institutional care for nonwaiver and waiver recipients

	LONG-TERM CARE			

Output Reports MR-O-084 DMAS 4.01 Claims Statistical

General Information

This reports contains monthly totals for current and previous year of number of claims and paid amount by Invoice Type.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary History Reporting (MRM330)
Confidential:	No
Sequence:	Month of Service Invoice Type
Control Breaks:	Month of Service Invoice Type

DMAS 4.01 Claims Statistical (MR-O-084)

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MRM330                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:mm/dd/ccyy                                   DMAS 4.01 - CLAIM STATISTICAL                              PAGE
RUN DATE: mm/dd/ccyy hh:mm
   (3)    INPATIENT HOSPITAL  -----OUTPATIENT---  NURSING FACILITY    HOME/HTH/PER CARE   ---PRACTITIONER---  ----
   (4) (5)CLAIM    AMT.PAID   CLAIM  AMT.PAID     CLAIM  AMT.PAID     CLAIM  AMT.PAID     CLAIM  AMT.PAID     CLAI
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   (1)    PRIOR FISCAL YEAR:    CCYY
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   (2)
JULY      ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
AUGUST    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
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OCTOBER   ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
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JUNE      ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
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  (7)     CURRENT FISCAL YEAR:  CCYY
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JULY      ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
AUGUST    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
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JANUARY   ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
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MARCH     ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
APRIL     ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
MAY       ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
JUNE      ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ
TOTAL (8) ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99    ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ9 ZZZ,ZZ9.99 ZZZ,ZZ

                                        *** END OF REPORT ***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Prior Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE 6008)
2	Month of Service	MARS Fiscal Month	DE6847	The month name corresponding the historical detail represented on the report detail line.
3	Claim Type	Claim Type	DE2002	
4	Claims	MARS Claims Processed by Claim Type	DE6230	Claims
5	Amount Paid	Claim Payment Amount	DE2023	
6	Totals - Prior Year	Calculated	DE0002	Totals - Prior Year - Grand total amounts for each column on the report for the prior fiscal year.
7	Current Fiscal Year	MARS State Fiscal Year	DE6008	

8	Totals - Current Year	Calculated	DE0002	Totals - Current Year - Grand total amounts for each column on the report for the current fiscal year.

Output Reports MR-O-085 DMAS 4.02 Provider Enrollment

General Information

This report summarizes provider enrollment and license activity information by month for the current and previous year

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Provider Enrollment Counts (MRM071)
Confidential:	No
Sequence:	Provider Program Code Fiscal Year Month
Control Breaks:	Provider Program Code

DMAS 4.02 Provider Enrollment (MR-O-085)

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MRM071                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:     JUNE,2001                              DMAS 4.02  -  PROVIDER ENROLLMENT                           PAGE NUMBE
RUN DATE: 09/20/2002 15:22


                          (1)     (2)
PROVIDER PROGRAM CODE: XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
PRIOR FISCAL YEAR:    CCYY (3)

                  NUMBER        NUMBER OF       NUMBER OF       NUMBER OF       NUMBER OF       NUMBER          NUMBER
                  ACTIVE        PROVIDERS       PROVIDERS       PROVIDERS       RECORDS         CANCELLED       CANCELLED
MONTH             B.O.M.        ADDED           RECERTIFIED     REINSTATED      CHANGED         MANUALLY        AUTOMATIC
-------------------------------------------------------------------------------------------------------------------------------
      (4)           (5)             (6)             (7)             (8)             (9)             (10)            (11)
     JULY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
   AUGUST     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
SEPTEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
  OCTOBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 NOVEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 DECEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
  JANUARY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 FEBRUARY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
    MARCH     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
    APRIL     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
      MAY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
     JUNE     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ

TOTAL              N/A       ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9


CURRENT FISCAL YEAR: CCYY
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     JULY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
   AUGUST     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
SEPTEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
  OCTOBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 NOVEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 DECEMBER     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
  JANUARY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
 FEBRUARY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
    MARCH     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
    APRIL     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
      MAY     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ
     JUNE     ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ

TOTAL              N/A       ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9 ZZ,ZZZ,ZZZ,ZZ9


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TOTAL UNDUPLICATED PROVIDERS THIS MONTH:
FOR ALL PROGRAMS ==>      ZZZ,ZZ9 (13)
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER PROGRAM CODE	Provider Program Code	DE4208	
2	PROVIDER PROGRAM CODE [Description]	Provider Program Code Description	DE4209	
3	FISCAL YEAR	Calculated	DE0002	Identifies the fiscal year reporting period. MR-O-085 reports data for each month in the prior and current fiscal year.
4	MONTH	MARS Fiscal Month	DE6847	Identifies the month within each fiscal year reporting period. MR-O-085 reports data for all prior fiscal year months and the current fiscal year months to date.

5	NUMBER ACTIVE B.O.M.	Calculated	DE0002	Count of provider program eligibility rows where the first day of the report month falls between D_PROV_PGM_BEGIN and D_PROV_PGM_END.
6	NUMBER OF PROVIDERS ADDED	Calculated	DE0002	Count of provider program eligibility rows where the D_PROV_PGM_BEGIN falls within the report month and I_PRV_PGM_SEQ_NO = 1.
7	NUMBER OF PROVIDERS RECERTIFIED	Calculated	DE0002	Count of Providers recertification's done in the report month. MARS report count is based on transaction records created during the daily provider recertification process.
8	NUMBER OF PROVIDERS REINSTATED	Calculated	DE0002	Count of provider program eligibility rows where the D_PROV_PGM_BEGIN falls within the report month and I_PRV_PGM_SEQ_NO > 1.
9	NUMBER OF RECORDS CHANGED	Calculated	DE0002	Count of provider program eligibility rows where the H_REC_UPDT falls within the report month.
10	NUMBER CANCELLED MANUALLY	Calculated	DE0002	Count of provider program eligibility rows where the D_PROV_PGM_END falls within the report month and C_PROV_PGM_RVAL <> '009'.
11	NUMBER CANCELLED AUTOMATIC	Calculated	DE0002	Count of provider program eligibility rows where the D_PROV_PGM_END falls within the report month and C_PROV_PGM_RVAL = '009'.
12	NUMBER ACTIVE E.O.M.	Calculated	DE0002	Count of provider program eligibility rows where the last day of the report month falls between D_PROV_PGM_BEGIN and D_PROV_PGM_END.
13	TOTAL UNDUPLICATED PROVIDERS THIS MONTH FOR ALL PROGRAMS	Calculated	DE0002	The total number of providers enrolled (on file) this month. The count is unduplicated number of providers enrolled at month end, ignoring the provider program code.

Output Reports MR-O-086 DMAS 4.03 Pre-Authorization Savings

General Information

This report contains prior authorization type information by month for the current and previous year broken down by PA Category of Service type.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary History Reporting (MRM330)
Confidential:	No
Sequence:	Month of Service Category of Service
Control Breaks:	Month of Service Category of Service

DMAS 4.03 Pre-Authorization Savings (MR-O-086)

MRM330 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-0-08
AS OF: MM/DD/CCYY DMAS 4.03 - PRE-AUTHORIZED SAVINGS PAGE NUMBER: 999
RUN DATE: MM/DD/CCYY HH:MM

(2)	(3) HOME HEALTH	HOSPICE	INTENSIVE REHAB	OUT-OF-SATE INTENSIVE REHAB	OUTPATIENT REHAB	DEPT. OF EDUCATION
PRIOR FISCAL YEAR: 2000 (1)						
JULY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
AUGUST	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
SEPTEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
OCTOBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
NOVEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
DECEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
JANUARY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
FEBRUARY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
MARCH	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
APRIL	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
MAY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
JUNE	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
TOTAL (4)	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.9
CURRENT FISCAL YEAR: 2000 (5)						
JULY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
AUGUST	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
SEPTEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
OCTOBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
NOVEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
DECEMBER	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
JANUARY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
FEBRUARY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
MARCH	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
APRIL	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
MAY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
JUNE	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.9
TOTAL (6)	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Prior Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE 6008)
2	Month of Service	MARS Fiscal Month	DE6847	Month of Service - The month name corresponding the historical detail represented on the report detail line.
3	Category of Service	Claim Category of Service	DE2038	
4	Total - Prior Year	Calculated	DE0002	Totals - Total amount for each column on the report for the prior fiscal year
5	Current Fiscal Year	MARS State Fiscal Year	DE6008	
6	Total - Current Fiscal Year	Calculated	DE0002	Totals - Total amount for each column on the report for the current fiscal year

Output Reports MR-O-087 DMAS 4.07 Operational Performance

General Information

This report contains claims processing information such as processed, approved, rejected, average days etc. The report is broken down by reporting month for current and previous year, and by claim reporting category.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary History Reporting (MRM330)
Confidential:	Yes
Sequence:	Month of Service Category of Service
Control Breaks:	Month of Service Category of Service

DMAS 4.07 Operational Performance (MR-O-087)

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MRM330                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:mm/dd/ccyy                                   DMAS 4.07 - OPERATIONAL PERFORMANCE                          PA
RUN DATE: mm/dd/ccyy hh:mm   (4)            (6)      (7)            (9)                                (10)
            (2)       (3)   PRCT   (5)   AV.DAYS AV.DAYS (8)     CHARGE     ---HOSPITAL--- -NURSE HOMES-- --PHYSI
          TOTAL             APPR         SERVICE ENTRY          AMOUNT            AV.DAYS        AV.DAYS        A
          CLAIMS     PRCT   W/OUT PRCT   DATE TO TO    CLMS IN  CLAIMS IN     PRCT ENTRY    PRCT ENTRY    PRCT E
          PROCESSED  APPR   SUSP  REJECT ENTRY   APPR  PROCESS  PROCESS       APPR TO APPR  APPR TO APPR  APPR T
-------------------------------------------------------------------------------------------------------------------
                (1)                                                                  (11)  (12)
          PRIOR FISCAL YEAR:    CCYY
-------------------------------------------------------------------------------------------------------------------

JULY      Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
AUGUST    Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
SEPTEMBER Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
OCTOBER   Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
NOVEMBER  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
DECEMBER  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
JANUARY   Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
FEBRUARY  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
MARCH     Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
APRIL     Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
MAY       Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
JUNE      Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
TOTAL (13)Z,ZZZ,ZZ9                                    ZZZZ,ZZ9 Z,ZZZ,ZZZ.99
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    (14)   CURRENT FISCAL YEAR:  CCYY

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JULY      Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
AUGUST    Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
SEPTEMBER Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
OCTOBER   Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
NOVEMBER  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
DECEMBER  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
JANUARY   Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
FEBRUARY  Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
MARCH     Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
APRIL     Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
MAY       Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
JUNE      Z,ZZZ,ZZ9 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZZ,ZZ9 Z,ZZZ,ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 ZZ9.99 Z
TOTAL (15)Z,ZZZ,ZZ9                                    ZZZZ,ZZ9 Z,ZZZ,ZZZ.99

                                        *** END OF REPORT ***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Prior Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE 6008)
2	Total Claims Processed	Calculated	DE0002	Total Claims Processed during the processing month.
3	Percent Approved	Calculated	DE0002	Percent Approved: The percentage of claims that were approved (claims status = 1) during the current processing month as compared to the total claims processed.
4	Percent Approved Without Suspension	Calculated	DE0002	Percent Approved Without Suspension: This is the percentage of claims that were approved during the processing month without being sus-

				pended.
5	Percent Rejected	Calculated	DE0002	Percent Rejected: This report item is the number of claims that were rejected, divided by the total number of claims processed during the month, multiplied by 100 to give the percentage rejected.
6	Av. Days Service Date to Entry	Calculated	DE0002	Average Days Service Date To Entry: This report item is calculated by subtracting the number of days from the date of service on the claim record from the date that the claim was entered into the system. The total number of days for all claims is accumulated and then divided by the total number of claims processed during the month, giving average days.
7	Av. Days Entry to Approval	Calculated	DE0002	Average Days Entry To Approval: This report item is calculated by subtracting the number of days from the date of entry on the claim record from the date that the claim was adjudicated by the system. The total number of days for all claims is accumulated and then divided by the total number of claims processed during the month, giving average days.
8	Claims in Process	Calculated	DE0002	Claims in Process: The total number of claims received that have not been adjudicated.
9	Charge Amount Claims in Process	Calculated	DE0002	Charge Amount Claims in Process: The total amount of all charges from claims that have not been adjudicated during the processing month.
10	Claim Type	Claim Type	DE2002	
11	Percent Approved	MARS Percent of Claims Approved within NN Days	DE6915	Summary by Invoice Type
12	Av. Days Entry to Approval	MARS Number of Days to Adjudication	DE6459	Summary by Invoice Type
13	Total - Prior Year	Calculated	DE0002	Totals: The Total Claims Processed, Claims in Process, and Charge Amount for Claims in Process are accumulated for all months reported and displayed on the Total line, for the prior

				fiscal year.
14	Current Fiscal Year	MARS State Fiscal Year	DE6008	
15	Total - Current Year	Calculated	DE0002	Totals: The Total Claims Processed, Claims in Process, and Charge Amount for Claims in Process are accumulated for all months reported and displayed on the Total line, for the current fiscal year.

Output Reports MR-O-088 DMAS 4.09 Recipient Enrollment

General Information

The Recipient Enrollment report displays counts of eligible recipients within benefit program by month for the last two years.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Recipient Enrollment Summary Report (MRM056)
Confidential:	No
Sequence:	Month of Service
Control Breaks:	Month of Service

DMAS 4.09 Recipient Enrollment (MR-O-088)

MRM056 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: mm/dd/ccyy DMAS 4.09 - RECIPIENT ENROLLMENT PAG
RUN DATE: mm/dd/ccyy hh:mm

BENEFIT PROGRAM (1.1) : All Benefit Programs
PRIOR FISCAL YEAR: ccyy (3)

	NO. OF RECIPIENTS CERTIFIED ELIGIBLE B.O.M.	NO. OF RECIPIENTS CERTIFIED DURING MONTH	NO. OF RECIPIENTS TERMINATED DURING MONTH
(4)	(5)	(6)	(7)
JULY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
AUGUST	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
SEPTEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
OCTOBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
NOVEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
DECEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
JANUARY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
FEBRUARY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
MARCH	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
APRIL	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
MAY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
JUNE	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
		Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9

CURRENT FISCAL YEAR: ccyy

JULY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
AUGUST	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
SEPTEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
OCTOBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
NOVEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
DECEMBER	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
JANUARY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
FEBRUARY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
MARCH	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
APRIL	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
MAY	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
JUNE	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9
		Z,ZZZ,ZZZ,ZZ9	Z,ZZZ,ZZZ,ZZ9

DMAS 4.09 Recipient Enrollment (MR-O-088)

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 MRM056                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: mm/dd/ccyy                                 DMAS 4.09  -  RECIPIENT ENROLLMENT                         PA
RUN DATE: mm/dd/ccyy hh:mm

                      (1)   (2)
BENEFIT PROGRAM   : XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PRIOR FISCAL YEAR:    ccyy (3)

              NO. OF                          NO. OF                          NO. OF
              RECIPIENTS                      RECIPIENTS                      RECIPIENTS
              CERTIFIED                       CERTIFIED                       TERMINATED
              ELIGIBLE                        DURING                          DURING
              B.O.M.                          MONTH                           MONTH
-------------------------------------------------------------------------------------------------------------
      (4)            (5)                             (6)                             (7)
     JULY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
   AUGUST  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
SEPTEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
  OCTOBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 NOVEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 DECEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
  JANUARY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 FEBRUARY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
    MARCH  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
    APRIL  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
      MAY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
     JUNE  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9

                                             Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9


CURRENT FISCAL YEAR: ccyy
-------------------------------------------------------------------------------------------------------------

     JULY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
   AUGUST  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
SEPTEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
  OCTOBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 NOVEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 DECEMBER  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
  JANUARY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
 FEBRUARY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
    MARCH  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
    APRIL  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
      MAY  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
     JUNE  Z,ZZZ,ZZZ,ZZ9                     Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9

                                             Z,ZZZ,ZZZ,ZZ9                   Z,ZZZ,ZZZ,ZZ9
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PROGRAM [Code]	Benefit Definition Plan Program Code	DE3551	
2	BENEFIT PROGRAM [Description]	Benefit Definition Plan Short Name	DE3555	
3	FISCAL YEAR	Calculated	DE0002	Fiscal year for which the enrollment information is reported.
4	Month	MARS Fiscal Month	DE6847	Calendar month for which the enroll-ment information is reported.
5	NO. OF	Calculated	DE0002	Unduplicated count of the recipients

	RECIPIENTS CERTIFIED ELIGIBLE B.O.M.			who are eligible in the benefit program on the first day of the report month.
6	NO. OF RECIPIENTS CERTIFIED DURING MONTH	Calculated	DE0002	Unduplicated count of recipients with an eligibility begin date for the benefit program within the report month.
7	NO. OF RECIPIENTS TERMINATED DURING MONTH	Calculated	DE0002	Unduplicated count of recipients with an eligibility end date for the benefit program within the report month.
8	NO. OF RECIPIENTS CERTIFIED ELIGIBLE E.O.M.	Calculated	DE0002	Unduplicated count of the recipients who are eligible in the benefit program on the last day of the report month.

Output Reports MR-O-092 DMAS 4.11 Transportation

General Information

This report contains Transportation Claim type information by reporting month for the current and previous year broken down by Transportation type categories.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary History Reporting (MRM330)
Confidential:	No
Sequence:	Month of Service Category of Service
Control Breaks:	Fiscal Year

DMAS 4.11 Transportation (MR-O-092)

MRM330 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-0-
AS OF: MM/DD/CCYY TRANSPORTATION REPORT (4.11) PAGE
RUN DATE: MM/DD/CCYY HH:MM
BENEFIT PROGRAM: MEDICAID

	(2)	(3)	(4)	(5)	(6)				
	TOTALS					REGISTERED DRIVERS			
	AMOUNT PAID	NO. OF CLAIMS	A/WAIT TIME	NO. OF TRIPS	NO. OF RECIPS	AMOUNT PAID	NO. OF CLAIMS	NO. OF TRIPS	NO. RECI
PRIOR FISCAL YEAR: 2000 **(1)**									
(8)									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
TOTAL **(9)**	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	99
CURRENT FISCAL YEAR: 2001 **(10)**									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
TOTAL **(11)**	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	99

DMAS 4.11 Transportation (MR-O-092)

MRM330 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-
AS OF: MM/DD/CCYY DMAS 4.11 - TRANSPORTATION REPORT PAGE
RUN DATE: MM/DD/CCYY HH:MM
BENEFIT PROGRAM: MEDICAID

	TAXI					EMERGENCY AMBULANCE			
	AMOUNT PAID	NO. OF CLAIMS	A/WAIT TIME	NO. OF TRIPS	NO. OF RECIPS	AMOUNT PAID	NO. OF CLAIMS	NO. OF TRIPS	NO. O RECIP
PRIOR FISCAL YEAR: 2000									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
TOTAL	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	999
CURRENT FISCAL YEAR: 2001									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	99
TOTAL	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	999

DMAS 4.11 Transportation (MR-O-092)

MRM330 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MR-O-
AS OF: MM/DD/CCYY DMAS 4.11 - TRANSPORTATION REPORT PAGE
RUN DATE: MM/DD/CCYY HH:MM
BENEFIT PROGRAM: MEDICAID

	NON EMERGENCY AMBULANCE					WHEEL CHAIR VANS			
	AMOUNT PAID	NO. OF CLAIMS	A/WAIT TIME	NO. OF TRIPS	NO. OF RECIPS	AMOUNT PAID	NO. OF CLAIMS	A/WAIT TIME	NO. TRIP
PRIOR FISCAL YEAR: 2000									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
TOTAL	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	99
CURRENT FISCAL YEAR: 2001									
JULY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
AUGUST	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
SEPTEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
OCTOBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
NOVEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
DECEMBER	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JANUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
FEBRUARY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MARCH	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
APRIL	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
MAY	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
JUNE	99,999,999.99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999.99	99,999,999	99,999,999	9
TOTAL	999,999,999.99	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999.99	999,999,999	999,999,999	99

DMAS 4.11 Transportation (MR-O-092)

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MRM330                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                                   DMAS 4.11 - TRANSPORTATION REPORT
RUN DATE: MM/DD/CCYY   HH:MM
BENEFIT PROGRAM:  MEDICAID

PRIOR FISCAL YEAR: 2000

            --------------------- AIR AMBULANCE -----------
                AMOUNT      NO. OF      NO. OF      NO. OF
                PAID        CLAIMS      TRIPS       RECIPS

PRIOR FISCAL YEAR: 2000

-------------------------------------------------------
JULY        99,999,999.99  99,999,999  99,999,999  99,999,999
AUGUST      99,999,999.99  99,999,999  99,999,999  99,999,999
SEPTEMBER   99,999,999.99  99,999,999  99,999,999  99,999,999
OCTOBER     99,999,999.99  99,999,999  99,999,999  99,999,999
NOVEMBER    99,999,999.99  99,999,999  99,999,999  99,999,999
DECEMBER    99,999,999.99  99,999,999  99,999,999  99,999,999
JANUARY     99,999,999.99  99,999,999  99,999,999  99,999,999
FEBRUARY    99,999,999.99  99,999,999  99,999,999  99,999,999
MARCH       99,999,999.99  99,999,999  99,999,999  99,999,999
APRIL       99,999,999.99  99,999,999  99,999,999  99,999,999
MAY         99,999,999.99  99,999,999  99,999,999  99,999,999
JUNE        99,999,999.99  99,999,999  99,999,999  99,999,999

TOTAL      999,999,999.99 999,999,999 999,999,999 999,999,999


CURRENT FISCAL YEAR: 2001
            -------------------------------------------------------
JULY        99,999,999.99  99,999,999  99,999,999  99,999,999
AUGUST      99,999,999.99  99,999,999  99,999,999  99,999,999
SEPTEMBER   99,999,999.99  99,999,999  99,999,999  99,999,999
OCTOBER     99,999,999.99  99,999,999  99,999,999  99,999,999
NOVEMBER    99,999,999.99  99,999,999  99,999,999  99,999,999
DECEMBER    99,999,999.99  99,999,999  99,999,999  99,999,999
JANUARY     99,999,999.99  99,999,999  99,999,999  99,999,999
FEBRUARY    99,999,999.99  99,999,999  99,999,999  99,999,999
MARCH       99,999,999.99  99,999,999  99,999,999  99,999,999
APRIL       99,999,999.99  99,999,999  99,999,999  99,999,999
MAY         99,999,999.99  99,999,999  99,999,999  99,999,999
JUNE        99,999,999.99  99,999,999  99,999,999  99,999,999

TOTAL      999,999,999.99 999,999,999 999,999,999 999,999,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Prior Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE 6008)
2	Amount Paid	Claim Payment Amount	DE2023	
3	No. of Claims	MARS Claims Processed by Claim Type	DE6230	Number of Claims
4	A/Wait Time	Anesthesia Minutes	DE2084	
5	No. of Trips	Claim Number of Units/Visits/Studies	DE2009	
6	No. of Recips	MARS Total Unduplicated Count of Recipients	DE6964	Number of Recipients

7	Number of Providers	Calculated	DE0002	The total number of providers for this service during the particular month
8	Month of Service	MARS Fiscal Month	DE6847	The month name corresponding the historical detail represented on the report detail line.
9	Total - Prior Year	Calculated	DE0002	Total - Prior Year: Calculated totals for each column on the report for the prior fiscal year.
10	Current Fiscal Year	MARS State Fiscal Year	DE6008	
11	Total - Current Year	Calculated	DE0002	Total - Prior Year: Calculated totals for each column on the report for the current fiscal year.

Output Reports MR-O-094 DMAS 4.20 Managed Care Enrollment Summary

General Information

This report contains eligible recipient counts by month for the current and previous year. Eligible counts are broken down by Pre-Assign, Medallion, Medallion II, and Medallion III. This report is produced for all benefit programs, however currently only Medicaid (01) and FAMIS (07) have managed care enrollment. All other programs contain only 'Active Eligibles'. Pre-Assign (FFS) - Unduplicated count of recipients with active enrollment in a Benefit Program during the report month where the Pre-Assignment Code (DE#3021) is equal to '05' (Enrollee Currently Pre-Assigned). Medallion I - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '02'. Medallion II - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '03. Medallion III - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '04' or '07'. A recipient can be enrolled in more than one category during the reporting month. In this case, this recipient is counted once in each category that he/she is eligible during the reporting period.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Recipient Report Writer (MRM055)
Confidential:	No
Sequence:	Benefit Program Fiscal Year Month
Control Breaks:	Benefit Program

DMAS 4.20 Managed Care Enrollment Summary (MR-O-094)

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MRM055                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                   DMAS 4.20 - MANAGED CARE ENROLLMENT SUMMARY REPORT                       PAG
RUN DATE: MM/DD/CCYY HH:MM
                    (1)                    (2)
 BENEFIT PROGRAM: XX - XXXXXXXXXXXXXXXXXXXX
                    (3)
 PRIOR FISCAL YEAR:    CCYY
                                   (6)                (7)              (8)              (9)                (
                  ACTIVE      (5)  MANAGED CARE
                  ELIGIBLES        ELIGIBLES      PRE-ASSIGN(FFS)   MEDALLION-I     MEDALLION-II     MEDALLION-
(4)-----------------------------------------------------------------------------------------------------------
JULY              ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
AUGUST            ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
SEPTEMBER         ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
OCTOBER           ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
NOVEMBER          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
DECEMBER          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
JANUARY           ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
FEBRUARY          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
MARCH             ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
APRIL             ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
MAY               ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
JUNE              ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,

TOTAL (11)        ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,

                    (12)
 CURRENT FISCAL YEAR:  CCYY
 -----------------------------------------------------------------------------------------------------------
JULY              ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
AUGUST            ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
SEPTEMBER         ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
OCTOBER           ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
NOVEMBER          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
DECEMBER          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
JANUARY           ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
FEBRUARY          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
MARCH             ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
APRIL             ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
MAY               ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
JUNE              ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,

TOTAL (13)        ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,ZZ9          ZZZ,
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program [Code]	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program [Description]	Benefit Definition Plan Short Name	DE3555	
3	Prior Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE 6008)
4	Month	MARS Fiscal Month	DE6847	
5	Active Eligibles	Calculated	DE0002	Unduplicated count of recipients enrolled in any appropriate benefit package for the program during the report month.
6	Managed Care Eligibles	Calculated	DE0002	Unduplicated count of recipients enrolled in Pre-Assign (FFS), Medal-

				lion I, Medallion II, or Medallion III during the reporting month.
7	Pre-Assign (FFS)	Calculated	DE0002	Unduplicated count of recipients with active enrollment in a Benefit Program during the report month where the Pre-Assignment Code (DE#3021) is equal to '05' (Enrollee Currently Pre-Assigned).
8	Medallion-I	Calculated	DE0002	Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '02'.
9	Medallion-II	Calculated	DE0002	Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '03.
10	Medallion-III	Calculated	DE0002	Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '04' or '07'.
11	Total [Prior Year]	Calculated	DE0002	Unduplicated count of recipients enrolled during the prior fiscal year for each column.
12	Current Fiscal Year	MARS State Fiscal Year	DE6008	
13	Total [Current Year]	Calculated	DE0002	Unduplicated count of recipients enrolled during the current fiscal year-to-date for each column.

Output Reports MR-O-095 DMAS 4.22 HMO Enrollment

General Information

This report contains HMO enrollment information by month for the current and previous fiscal years, broken down by HMO.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Recipient Report Writer (MRM055)
Confidential:	No
Sequence:	Month of Service Program
Control Breaks:	Month of Service

DMAS 4.22 HMO Enrollment (MR-O-095)

MRM055 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: MR-0-095
AS OF:MM/DD/YYYY DMAS 4.22 - HMO ENROLLMENT REPORT PAGE NUMBER: ZZ9
RUN DATE: MM/SS/YYYY HH:MM:ZZ
(1) (2)
BENEFIT PROGRAM: XX - XXXXXXXXXXXXXXXXXXX
PRIOR FISCAL YEAR: YYYY (3)

(4)	(5) OPTIMUM CHOICE	(6) HKP PENINSULA	(7) HKP PRIORITY	(8) HKP INC.	(9) VIRGINIA PREMIER	(10) SOUTHERN HEALTH	(11) SENTARA	(12) UNICARE	(13) MAJESTACARE	(14) TOTAL
JULY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
AUGUST	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
SEPTEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
OCTOBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
NOVEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
DECEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
JANUARY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
FEBRUARY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
MARCH	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
APRIL	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
MAY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
JUNE	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
TOTAL (15)	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29

CURRENT FISCAL YEAR: YYYY

JULY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
AUGUST	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
SEPTEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
OCTOBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
NOVEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
DECEMBER	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
JANUARY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
FEBRUARY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
MARCH	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
APRIL	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
MAY	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
JUNE	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29
TOTAL	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ,Z29	ZZZ.Z29	ZZZ,Z29	ZZZ,Z29

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program Code Description	Benefit Definition Plan Short Name	DE3555	
3	Fiscal Year	Calculated	DE0002	
4	Month of Service	MARS Fiscal Month	DE6847	
5	Optimum Choice	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Optimum Choice' HMO Plan (Provider ID = '4700091') during the reporting month.
6	Hlthkprs Peninsula	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Healthkeepers by Peninsula' HMO Plan (Provider ID = '4700074') during the reporting month.
7	Hlthkprs Priority	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Healthkeepers by Pri-

				ority' HMO Plan (Provider ID = '4700066') during the reporting month.
8	Hlthkprs Inc	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Healthkeepers, Inc.' HMO Plan (Provider ID = '4700325') during the reporting month.
9	Virginia Premier	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Virginia Premier' HMO Plan (Provider ID = '4700104') during the reporting month.
10	Southern Health	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Southern Health' HMO Plan (Provider ID = '4700317') during the reporting month.
11	Sentara	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Sentara' HMO Plan (Provider ID = '4700082') during the reporting month.
12	Unicare	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'Unicare' HMO Plan (Provider ID = '4700333') during the reporting month.
13	MajestaCare	Calculated	DE0002	Unduplicated count of recipients enrolled in the 'MajestaCare' HMO Plan (Provider ID = '16473341') during the reporting month.
14	Total (by Month)	Calculated	DE0002	Unduplicated count of recipients enrolled in any of the reported HMO Plans during the reporting month.
15	Total (by HMO)	Calculated	DE0002	Unduplicated count of recipients enrolled in each HMO Plan during the fiscal year. Unduplicated recipient counts are reported for the prior fiscal year, and current fiscal year-to-date.

Output Reports MR-O-096A DMAS 4.21 Managed Care Enrollment & Payment - Medicaid

General Information

This report contains eligible recipient counts by month for the current and previous year. Eligible counts are broken down by Pre-Assign, Medallion, Medallion II, and Medallion III. This report is produced for Medicaid only (Benefit Program Code = '01'). The Benefit Sub-Program code (DE#3552) must be used in conjunction with the Benefit Program Code (DE#3551) to obtain valid results. Medallion I - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '02'. Medallion II - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '03. Medallion III - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '04' or '07'. A recipient can be enrolled in more than one category during the reporting month. In this case, this recipient is counted once in each category that he/she is eligible during the reporting period.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Recipient Report Writer (MRM055)
Confidential:	No
Sequence:	Month of Service Program
Control Breaks:	Month of Service Program

DMAS 4.21 Managed Care Enrollment & Payment - Medicaid (MR-O-096A)

MRM055 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/YYYY DMAS 4.21 MANAGED CARE ENROLLMENT & PAYMENT REPORT, PROGRAM OPERATIONS PAG
RUN DATE: MM/DD/YYYY HH:MM

BENEFIT PROGRAM: 01 - MEDICAID (1) (2)
PRIOR FISCAL YEAR: YYYY (3)

(4)	(5) FEE-FOR SERVICE (6)		(7) (8) MEDALLION (9) (10)				(11) (12) MEDALLIO		
FY	ENROLLED	CLAIMS	ENROLLED	CLAIMS	MGMT FEES	TOTAL	ENROLLED	CLAIMS	
JUL	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
AUG	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
SEP	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
OCT	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
NOV	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
DEC	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
JAN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
FEB	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
MAR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
APR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
MAY	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
JUN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
(15) YTD	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
(16) PMPM =		$,$$$,$$9.99				$,$$$,$$9.99			

CURRENT FISCAL YEAR: YYYY

JUL	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
AUG	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
SEP	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
OCT	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
NOV	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
DEC	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
JAN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
FEB	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
MAR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
APR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
MAY	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
JUN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
YTD	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,
PMPM =		$,$$$,$$9.99				$,$$$,$$9.99			

DMAS 4.21 Managed Care Enrollment & Payment - Medicaid (MR-O-096A)

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MRM055                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/YYYY                 DMAS 4.21 MANAGED CARE ENROLLMENT & PAYMENT REPORT, PROGRAM OPERATIONS    PAGE
RUN DATE: MM/DD/YYYY HH:MM
                                  (1)       (2)
 BENEFIT PROGRAM: 01 - MEDICAID
 PRIOR FISCAL YEAR:     YYYY (3)

                                 MEDALLION III                                  ||          ALL PROGRAMS
 (4)  ------------------------------------------------------------------------- || ------------------------------
 FY    ENROLLED(17)     CLAIMS(18)   CAP FEES (19)  MGT FEES(20)     TOTAL(21)  ||   ENROLLED(22)          TOTAL(23)
 JUL     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 AUG     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 SEP     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 OCT     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 NOV     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 DEC     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 JAN     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 FEB     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAR     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 APR     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAY     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 JUN     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                      ||
(15)YTD  ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                      ||
(16)PMPM =                                            $,$$$,$$9.99    ||                  $,$$$,$$9.99

 CURRENT FISCAL YEAR:  YYYY
 JUL     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 AUG     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 SEP     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 OCT     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 NOV     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 DEC     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 JAN     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 FEB     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAR     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 APR     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAY     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
 JUN     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                      ||
 YTD     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                          ||
 PMPM =                                $,$$$,$$9.99      ||                $,$$$,$$9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program [Description]	Benefit Definition Plan Short Name	DE3555	
3	Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE#6008).
4	Month	MARS Fiscal Month	DE6847	
5	Fee For Service: Enrolled	Calculated	DE0002	Total unduplicated enrollees with Fee-for-Service enrollment within the report

				period that are not already counted in one of the Managed Care programs.
6	Fee For Service: Claims	Calculated	DE0002	Total paid amount for the Fee For Service claims for the month. This amount equals the total payments for all programs minus the total payments for the three managed care programs.
7	Medallion: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion managed care program (Benefit Sub-Program DE#3552 equals '02').
8	Medallion: Claims	Calculated	DE0002	Total paid amount for all paid claims for the Medallion program. This amount does not include encounters or management fees (Benefit Sub-Program DE#3552 equals '02').
9	Medallion: Mgmt Fees	Calculated	DE0002	Total management fee paid amount for the Medallion managed care program (Benefit Sub-Program DE#3552 equals '02').
10	Medallion: Total	Calculated	DE0002	Total payments for the Medallion program = Medallion Claims + Medallion Mgmt Fees.
11	Medallion II: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion II managed care program (Benefit Sub-Program DE#3552 equals '03').
12	Medallion II: Claims	Calculated	DE0002	Total paid amount for all paid claims for the Medallion II managed care program. This amount does not include encounters or capitation fees (Benefit Sub-Program DE#3552 equals '03').
13	Medallion II: Cap Fee	Calculated	DE0002	Total capitation fee paid amount for the Medallion II managed care program (Benefit Sub-Program DE#3552 equals '03').
14	Medallion II: Total	Calculated	DE0002	Total payments for the Medallion II program = Medallion II Claims + Medallion II Capitation Fees.
15	YTD	Calculated	DE0002	Total amounts for the reported fiscal year period. For enrollees, this is the unduplicated count of recipients enrolled in the program at any time during the fiscal year to date period.

16	PMPM	Calculated	DE0002	Per-Member-Per-Month is calculated as follows: 1. Calculate the YTD duplicated enrollment count. 2. Subtract the current month enrollment from the calculated YTD duplicated enrollment count. 3. Divide the YTD payments by the result of step 2 above.
17	Medallion III: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion III Managed Care program (Benefit Sub-Program DE#3552 equals '04' or '07').
18	Medallion III: Claims	Calculated	DE0002	Total paid amount for all claims for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07'). This amount does not include encounters, capitation fees, or management fees.
19	Medallion III: Cap Fees	Calculated	DE0002	Total capitation fee paid amount for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07').
20	Medallion III: Mgt Fees	Calculated	DE0002	Total management fees (PCCM) paid amount for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07').
21	Medallion III: Total	Calculated	DE0002	Total payments for the Medallion III program = Medallion III Claims + Medallion III Cap Fees + Medallion III Mgt Fees.
22	All Programs: Enrolled	Calculated	DE0002	Total unduplicated enrollees having active enrollment during the reporting period.
23	All Programs: Total	Calculated	DE0002	Total claim charges for all programs. This is calculated by added Fee-For-Service Claims, Medallion Claims, Medallion II, and Medallion III claims amounts. This amount does not include encounters or management / capitation / administration fees.

Output Reports MR-O-096B DMAS 4.23 Managed Care Enrollment & Payment - FAMIS

General Information

This report contains eligible recipient counts by month for the current and previous year. Eligible counts are broken down by Pre-Assign, Medallion, Medallion II, and Medallion III. This report is produced for FAMIS only (Benefit Program Code = '07'). The Benefit Sub-Program code (DE#3552) must be used in conjunction with the Benefit Program Code (DE#3551) to obtain valid results. Medallion I - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '02'. Medallion II - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '03. Medallion III - Unduplicated count of recipients with active enrollment during the report month where the Benefit Sub-Program (DE#3552) equals '04' or '07'. A recipient can be enrolled in more than one category during the reporting month. In this case, this recipient is counted once in each category that he/she is eligible during the reporting period.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary Recipient Report Writer (MRM055)
Confidential:	No
Sequence:	Month of Service Program
Control Breaks:	Month of Service Program

DMAS 4.23 Managed Care Enrollment & Payment - FAMIS (MR-O-096B)

MRM055 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF: MM/DD/YYYY DMAS 4.21 MANAGED CARE ENROLLMENT & PAYMENT REPORT, PROGRAM OPERATIONS PAGE
RUN DATE: MM/DD/YYYY HH:MM

BENEFIT PROGRAM: 07 - FAMIS (1) (2)
PRIOR FISCAL YEAR: YYYY (3)

(4)	(5) FEE-FOR SERVICE (6)		(7) (8) MEDALLION (9) (10)				(11) (12) MEDALLION		
FY	ENROLLED	CLAIMS	ENROLLED	CLAIMS	MGMT FEES	TOTAL	ENROLLED	CLAIMS	C
JUL	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
AUG	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
SEP	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
OCT	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
NOV	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
DEC	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
JAN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
FEB	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
MAR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
APR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
MAY	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
JUN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
(15) YTD	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
(16) PMPM =	$,$$$,$$9.99					$,$$$,$$9.99			

CURRENT FISCAL YEAR: YYYY

JUL	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
AUG	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
SEP	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
OCT	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
NOV	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
DEC	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
JAN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
FEB	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
MAR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
APR	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
MAY	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
JUN	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
YTD	ZZZ,ZZ9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	ZZZ,ZZ9	$$$,$$$,$$9	$$$,$
PMPM =	$,$$$,$$9.99					$,$$$,$$9.99			

DMAS 4.23 Managed Care Enrollment & Payment - FAMIS (MR-O-096B)

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MRM055                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF: MM/DD/YYYY                 DMAS 4.21 MANAGED CARE ENROLLMENT & PAYMENT REPORT, PROGRAM OPERATIONS      PAG
RUN DATE: MM/DD/YYYY HH:MM

 BENEFIT PROGRAM: 07 - FAMIS
 PRIOR FISCAL YEAR:     YYYY

                                MEDALLION III                                  ||          ALL PROGRAMS
 ----------------------------------------------------------------------------- || ----------------------------
 FY    ENROLLED      CLAIMS     CAP FEES    MGT FEES      TOTAL                ||    ENROLLED          TOTAL
 JUL    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 AUG    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 SEP    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 OCT    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 NOV    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 DEC    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 JAN    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 FEB    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAR    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 APR    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAY    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 JUN    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                               ||
YTD     ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                               ||
PMPM =                                                  $,$$$,$$9.99           ||                 $,$$$,$$9.99


 CURRENT FISCAL YEAR:   YYYY
 JUL    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 AUG    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 SEP    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 OCT    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 NOV    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 DEC    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 JAN    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 FEB    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAR    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 APR    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 MAY    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
 JUN    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                                               ||
 YTD    ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9            ||     ZZZ,ZZ9       $$$,$$$,$$9
                                                         ||
 PMPM =                                  $,$$$,$$9.99   ||                 $,$$$,$$9.99
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program	Benefit Definition Plan Program Code	DE3551	
2	Benefit Program [Description]	Benefit Definition Plan Short Name	DE3555	
3	Fiscal Year	Calculated	DE0002	Determined from MARS State Fiscal Year (DE#6008).
4	Month	MARS Fiscal Month	DE6847	
5	Fee For Service: Enrolled	Calculated	DE0002	Total unduplicated enrollees with Fee-for-Service enrollment within the report period that are not already counted in one of the Managed Care programs.

6	Fee For Service: Claims	Calculated	DE0002	Total paid amount for the Fee For Service claims for the month. This amount equals the total payments for all programs minus the total payments for the three managed care programs.
7	Medallion: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion managed care program (Benefit Sub-Program DE#3552 equals '02').
8	Medallion: Claims	Calculated	DE0002	Total paid amount for all paid claims for the Medallion program. This amount does not include encounters or management fees (Benefit Sub-Program DE#3552 equals '02').
9	Medallion: Mgmt Fees	Calculated	DE0002	Total management fee paid amount for the Medallion managed care program (Benefit Sub-Program DE#3552 equals '02').
10	Medallion: Total	Calculated	DE0002	Total payments for the Medallion program = Medallion Claims + Medallion Mgmt Fees.
11	Medallion II: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion II managed care program (Benefit Sub-Program DE#3552 equals '03').
12	Medallion II: Claims	Calculated	DE0002	Total paid amount for all paid claims for the Medallion II managed care program. This amount does not include encounters or capitation fees (Benefit Sub-Program DE#3552 equals '03').
13	Medallion II: Cap Fee	Calculated	DE0002	Total capitation fee paid amount for the Medallion II managed care program (Benefit Sub-Program DE#3552 equals '03').
14	Medallion II: Total	Calculated	DE0002	Total payments for the Medallion II program = Medallion II Claims + Medallion II Mgmt Fees.
15	YTD	Calculated	DE0002	Total amounts for the reported fiscal year period. For enrollees, this is the unduplicated count of recipients enrolled in the program at any time during the fiscal year to date period.
16	PMPM	Calculated	DE0002	Per-Member-Per-Month is calculated as follows: 1. Calculate the YTD duplic-

				ated enrollment count. 2. Subtract the current month enrollment from the calculated YTD duplicated enrollment count. 3. Divide the YTD payments by the result of step 2 above.
17	Medallion III: Enrolled	Calculated	DE0002	Total unduplicated enrollees enrolled during the report period in the Medallion III Managed Care program (Benefit Sub-Program DE#3552 equals '04' or '07').
18	Medallion III: Claims	Calculated	DE0002	Total paid amount for all claims for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07'). This amount does not include encounters, capitation fees, or management fees.
19	Medallion III: Cap Fees	Calculated	DE0002	Total capitation fee paid amount for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07').
20	Medallion III: Mgt Fees	Calculated	DE0002	Total management fees (PCCM) paid amount for the Medallion III program (Benefit Sub-Program DE#3552 equals '04' or '07').
21	Medallion III: Total	Calculated	DE0002	Total payments for the Medallion III program = Medallion III Claims + Medallion III Cap Fees + Medallion III Mgt Fees.
22	All Programs: Enrolled	Calculated	DE0002	Total unduplicated enrollees having active enrollment during the reporting period.
23	All Programs: Total	Calculated	DE0002	Total claim charges for all programs. This is calculated by added Fee-For-Service Claims, Medallion Claims, Medallion II, and Medallion III claims amounts. This amount does not include encounters or management / capitation / administration fees.

Output Reports MR-O-097 ADC Caretaker Pregnancy Termination

General Information

This report identifies ADC caretaker enrollees (head of household or spouse only) whose pregnancies were terminated. Claims with a diagnosis or procedure code indicating abortion (as defined in the MMIS value set) are selected.. ADC caretakers are enrollees with aid category 071, 073, 081, 083, 088, 089, 091, 092, 096 and 097. Head of household and spouse are identified using the 'Enrollee Relationship to Case Head Code': Values '00' (self) and '01' (spouse) are selected.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	City/County Code Caseworker ID Recipient ID
Control Breaks:	City/County Code

ADC Caretaker Pregnancy Termination (MR-O-097)

```
MRM325                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES      (1)      MR-0-097
AS OF:  99/99/9999              ADC CARETAKER PREGNANCY TERMINATIONS BASED ON CLAIMS PAID DURING 99/9999    PAGE NUMBER:    9999
RUN DATE: 99/99/9999    99:99
 (3)                                          PROG DESC. PROG DESC.
CASEWK                                        CODE ON    CODE ON                                          DATE OF    DIAG   PROC PROC
 ID    RECIPIENT ID  RECIPIENT NAME           DATE PAID  DATE RUN  PROVIDER  PROVIDER NAME                SERVICE    CODE   CODE  MOD
-------------------------------------------------------------------------------------------------------------------------------------
                (2)
CITY/COUNTY:  ARLINGTON
            (4)            (5)                   (6)        (7)        (8)           (9)                   (10)      (11)   (12) (13)
 99999  999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999

CITY/COUNTY:  HARRISONBURG

 99999  999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999

 99999  999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999

 99999  999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999

 99999  999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999
        999999999999  XXXXXXXXXXXXXXXXXXXX       999        999     1234567890 XXXXXXXXXXXXXXXXXXXXX     99/99/9999  99999  99999 999

-------------------------------------------------------------------------------------------------------------------------------------
 TOTAL RECIPIENTS FOR ALL CITY/COUNTY CODES:  99,999,999   (14)
* * * END OF REPORT * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Paid During	MARS Report Date	DE6087	
2	City/County	Enrollee FIPS Code	DE3008	
3	CaseWk ID	Case Worker Number	DE3431	
4	Recipient ID	Enrollee Identification Number	DE3001	
5	Recipient Name	Enrollee Full Name	DE3003	
6	Prog Desc. Code on Date Paid	Calculated	DE0002	Aid Category that the enrollee was eligible for on the date the claim was paid.
7	Prog. Desc. Code on Date Run	Calculated	DE0002	Aid Category that the enrollee was eligible for on the date the report was run.
8	NPI Number	National Provider Identifier	DE4700	
10	Date of Service	Claim Service From Date	DE2010	
11	Provider Name	Provider Name	DE4085	

12	Diag Code	Diagnosis Code	DE5301	This field displays the diagnosis code on the claim. Claims are selected for this report if the diagnosis code on the claim equals one of the diagnosis code values stored in the ICD-9 value set 9001 'PREG TERM DIAG CODES' or ICD-10 value set 29001 ‘ICD-10 BIRTH DIAG CODES’.
13	Proc Code	Claim Principal Procedure Code	DE2008	This field displays the procedure code on the claim. Claims are selected for this report if the procedure code on the claim equals one of the procedure code values stored in value set 9000 'PREG TERM PROC CODES'.
14	Proc Mod	Claims Procedure Code Modifier	DE2171	
15	Total Recipients for all City/County Codes	Calculated	DE0002	Total unduplicated participating recipients selected for this report (all City/County Codes).

Output Reports MR-O-100 Third Party Liability - Cost Avoidance Analysis

General Information

This report summarizes by claim type third party payments as well as patient-paid/co-insurance and co-pay. Claims related to the Medicaid Expansion program (aid category '094') are reported separately from the Medicaid program on this report. This report has two sections: One section for Medicaid claims (excluding any claims related to the Medicaid Expansion program), and a separate section that includes only the Medicaid Expansion claims.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Invoice Type
Control Breaks:	Medicaid / Medicaid Expansion

Third Party Liability - Cost Avoidance Analysis (MR-O-100)

```
MRM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                MR-
AS OF:  mm/dd/ccyy                      THIRD PARTY LIABILITY COST AVOIDANCE ANALYSIS REPORT              PAG
RUN DATE: mm/dd/ccyy    hh:mm

(1) PROGRAM: MEDICAID
                                                    (5)        (6)              (7)
                          (2)              (3)      (4)      % OF     THIRD PARTY      PAID BY
                                           TOTAL    T.P.L    TOTAL   PMTS REPORTED     PATIENT          (8)          PA
TOTAL
      CLAIM TYPE                           CLAIMS   CLAIMS   W/T.P.L PD.BY.PRI.CARR  & CCO-PAY     DISALLOWED       MED
CHARGES
          (A)                               (B)      (C)      (D)          (E)                          (F)
-----------------------------------------------------------------------------------------------------------------------
-

XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
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XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$

(11) TOTALS                ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$


INPUT TOTALS               ZZZ,ZZ9
$$$,$$$,$$9.99
_____________________________________________________________________________________________________________
-

  (A) ALL INVOICE TYPES TO BE REPORTED.  PHARMACY PATIENT PAY INCLUDES C-PAY
  (B) TOTAL CLAIMS PROCESSED IN THE MONTH BEING REPORTED
  (C) TOTAL CLAIMS CONTAINING MONEY IN THEIR PRIMARY CARRIER AND/OR PATIENT PAY FIELDS
  (D) COLUMN C DIVIDED BY COLUMN B                                (12)
  (E) TOTAL DOLLARS REPORTED BY PROVIDERS AS T.P.L. PAYMENTS RECEIVED (COST AVOIDED
  (F) DISALLOWED = CHARGES MINUS PAID BY PRIMARY CARRIER MINUS PATIENT PAY MINUS AMOUNT PAID BY MEDICAID
  (G) TOTAL PAID BY MEDICAID FOR THE MONTH
  (H) TOTAL PROVIDER CHARGES
  (I) EXPENSES PAID BY MEDICARE ARE:      $$$,$$$,$$9.99

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Third Party Liability - Cost Avoidance Analysis (MR-O-100)

```
MRM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          MR-(
AS OF:  mm/dd/ccyy                      THIRD PARTY LIABILITY COST AVOIDANCE ANALYSIS REPORT        PAGE
RUN DATE: mm/dd/ccyy    hh:mm

(1) PROGRAM: MEDICAID EXPANSION
                                                    (5)          (6)            (7)
                  (2)                (3)      (4)    % OF     THIRD PARTY     PAID BY                 (
                                     TOTAL    T.P.L  TOTAL    PMTS REPORTED   PATIENT        (8)      PA
TOTAL
      CLAIM TYPE                     CLAIMS   CLAIMS W/T.P.L  PD.BY.PRI.CARR & CCO-PAY     DISALLOWED  MEDI
CHARGES
            (A)                        (B)      (C)    (D)         (E)                          (F)
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XX XXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
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XX XXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$

(11) TOTALS                       ZZZ,ZZ9  ZZZ,ZZ9   ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$

INPUT TOTALS                      ZZZ,ZZ9
$$$,$$$,$$9.99
-----------------------------------------------------------------------------------------------------------
-
  (A) ALL INVOICE TYPES TO BE REPORTED.  PHARMACY PATIENT PAY INCLUDES C-PAY
  (B) TOTAL CLAIMS PROCESSED IN THE MONTH BEING REPORTED
  (C) TOTAL CLAIMS CONTAINING MONEY IN THEIR PRIMARY CARRIER (12) AND/OR PATIENT PAY FIELDS
  (D) COLUMN C DIVIDED BY COLUMN B
  (E) TOTAL DOLLARS REPORTED BY PROVIDERS AS T.P.L. PAYMENTS RECEIVED (COST AVOIDED
  (F) DISALLOWED = CHARGES MINUS PAID BY PRIMARY CARRIER MINUS PATIENT PAY MINUS AMOUNT PAID BY MEDICAID
  (G) TOTAL PAID BY MEDICAID FOR THE MONTH
  (H) TOTAL PROVIDER CHARGES
  (I) EXPENSES PAID BY MEDICARE ARE:      $$$,$$$,$$9.99

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Third Party Liability - Cost Avoidance Analysis (MR-O-100)

```
MRM325                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                MR-O
AS OF:  mm/dd/ccyy                       THIRD PARTY LIABILITY COST AVOIDANCE ANALYSIS REPORT              PAGE
RUN DATE: mm/dd/ccyy     hh:mm

(1) PROGRAM: FAMIS
                                                    (5)          (6)            (7)
                                  (3)       (4)     % OF     THIRD PARTY     PAID BY                          (9)
            (2)                  TOTAL     T.P.L    TOTAL   PMTS REPORTED   PATIENT          (8)            PAI
TOTAL
      CLAIM TYPE                 CLAIMS    CLAIMS   W/T.P.L  PD.BY.PRI.CARR  & CCO-PAY     DISALLOWED        MEDI
CHARGES
            (A)                    (B)       (C)      (D)        (E)                          (F)             (
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-

XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
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XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
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XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$
XX XXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$

(11) TOTALS                ZZZ,ZZ9  ZZZ,ZZ9    ZZZ.99  $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$9.99 $$$,$$$,$$

INPUT TOTALS               ZZZ,ZZ9
$$$,$$$,$$9.99
-----------------------------------------------------------------------------------------------------------------
-
  (A) ALL INVOICE TYPES TO BE REPORTED.  PHARMACY PATIENT PAY INCLUDES C-PAY
  (B) TOTAL CLAIMS PROCESSED IN THE MONTH BEING REPORTED
  (C) TOTAL CLAIMS CONTAINING MONEY IN THEIR PRIMARY CARRIER AND/OR PATIENT PAY FIELDS
  (D) COLUMN C DIVIDED BY COLUMN B                                    (12)
  (E) TOTAL DOLLARS REPORTED BY PROVIDERS AS T.P.L. PAYMENTS RECEIVED (COST AVOIDED
  (F) DISALLOWED = CHARGES MINUS PAID BY PRIMARY CARRIER MINUS PATIENT PAY MINUS AMOUNT PAID BY MEDICAID
  (G) TOTAL PAID BY MEDICAID FOR THE MONTH
  (H) TOTAL PROVIDER CHARGES
  (I) EXPENSES PAID BY MEDICARE ARE:      $$$,$$$,$$9.99

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-
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	This is a label on the MR-O-100 report that identifies the data being contained in each of the sections on this report. There are two sections: 1.) The 'Medicaid' section includes TPL claims data for benefit program '01' (Medicaid), except for those claims related to the Medicaid Expansion program (Aid Category '094'). TPL claims where the assigned Aid Category is equal to '094' are not included in the 'Medicaid' section of this report. 2.) The 'Medicaid

				Expansion' section includes only TPL claims data related to the Medicaid Expansion program (Aid Category '094'). The 'Medicaid Expansion' section of this report contains only those TPL claims where the assigned Aid Category is equal to '094'.
2	Claim Type	Claim Type	DE2002	
3	Total Claims	MARS Total Count of Claims by Invoice/Claim Type	DE6278	Total Claims.
4	T.P.L Claims	Calculated	DE0002	Number of claims with TPL amount.
5	% of Total With T.P.L	Calculated	DE0002	Percentage of total with Third Party Liability.
6	Third Party Payments Reported Paid by Pri. Carrier	MARS Payment by Third Party for Cost Avoidance	DE6679	Third Party Payments reported by the primary carrier.
7	Paid by Patient and Co-Pay	Calculated	DE0002	Total co-pay amount (2022) plus patient-pay amount (2083).
8	Disallowed	Calculated	DE0002	Charges minus paid by primary carrier minus patient pay minus amount paid by Medicaid.
9	Paid by Medicaid	Claim Payment Amount	DE2023	
10	Total Charges	Claim Billed Charge	DE2016	
11	Input Total	Calculated	DE0002	Input total.
12	EXPENSES PAID BY MEDICARE	Claim Title XVIII Medicare Paid Amount	DE2254	

Output Reports MR-O-101 665 Summary of Claim Payments by Program

General Information

This is a summary report of Claim Processed for SAS 665 Database interface file.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Fund Type Program Code Sub-program Code
Control Breaks:	Fund Type Program Code Sub-program Code

665 Summary of Claim Payments by Program (MR-O-101)

```
MRM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              MR-0
AS OF: MM/DD/CCYY                            665 SUMMARY OF CLAIM PAYMENTS BY PROGRAM                   PAGE
RUN DATE: MM/DD/CCYY   HH:MM
          (1)      (2)
PROGRAM: XXX  XXXXXXXXXXXXXXX
                (4)                    (5)                  (6)
(3)             TOTAL                TOTAL UNITS            TOTAL
SUB             AMOUNT               OF SERVICE             CLAIM
PROGRAM         PAID                 COUNT                  COUNT
-------------------------------------------------------------------------------------------------------------
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
XXXX    $99,999,999,999.99         999,999,999         999,999,999
 (7)
TOTAL   $99,999,999,999.99         999,999,999         999,999,999

                                                       **END OF REPORT***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program Code	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Total Amount Paid	Claim Payment Amount	DE2023	
4	Total Units of Service Count	Claim Number of Units/Visits/Studies	DE2009	
5	Total Claim Count	MARS Claims Processed by Claim Type	DE6230	Total Claim Count
6	Total	Calculated	DE0002	Total

Output Reports MR-O-102 665 Summary of Claim Payments by Sub-program and Locality

General Information

This is a summary report of Claim Processed for SAS 665 Database interface file by subprogram and locality.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Sub-program Code Locality
Control Breaks:	Sub-program Code Locality

665 Summary of Claim Payments by Sub-program and Locality (MR-O-102)

```
MRM325                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                       665 SUMMARY OF CLAIM PAYMENTS BY SUB-PROGRAM AND LOCALITY
RUN DATE: MM/DD/CCYY   HH:MM
                (1)          (2)                          (3)      (4)
SUB-PROGRAM: XXXXXX   XXXXXXXXXXXXXXX    LOCALITY: XXXXX  XXXXXXXXXXXXXXXXXXXX
                  (6)                    (7)                  (8)
 (5)              TOTAL                TOTAL UNITS          TOTAL
OBJECT            AMOUNT               OF SERVICE           CLAIM
 CODE             PAID                 COUNT                COUNT

XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999
XXXXX   $99,999,999,999.99            9,999,999          999,999,999

 (9)
TOTAL   $99,999,999,999.99           99,999,999        9999,999,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Sub-Program Code	Budget Sub-Program Code	DE9838	
2	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
3	Locality	MMIS Locality Code based on Postal Code	DE5254	
4	Locality Name	Locality Name	DE5255	
5	Total Amount Paid	Claim Payment Amount	DE2023	
6	Total Units of Service Count	Claim Number of Units/Visits/Studies	DE2009	
7	Total Claim Count	MARS Claims Processed by Claim Type	DE6230	Total Claim Count
8	Total	Calculated	DE0002	Total

Output Reports MR-O-103 Accrual Liability Claims Report

General Information

The Accrual Liability Claims report contains the accrued liabilities which represent claims and adjustments that have been paid in this current fiscal year but are a liability from the prior fiscal year. This report contains claims where the date of service is in the previous fiscal year and the payment date is in the current fiscal year. Claims related to the Medicaid Expansion program (aid category '094') are not included in the totals reported for the Medicaid program (Budget Program '456') on this report. Data related to the Medicaid Expansion program is reported separately on this report under Budget Program Code '466'.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Budget Program Code Budget Sub-Program Code Category of Service Invoice Type
Control Breaks:	Medicaid / Medicaid Expansion Budget Program Code Budget Sub-Program Code

Accrual Liability Claims Report (MR-O-103)

```
MRM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:  M
AS OF:  MM/DD/YYYY                      ACCRUAL LIABILITIES CLAIMS FOR THE MONTH OF XXXXXXXXXX            PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:MM

     PROGRAM:     XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 SUB-PROGRAM:     XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                        CLAIM          REGULAR                ADJUSTMENT
   COS   CLAIM DESCRIPTION              TYPE         CLAIM AMOUNT            CLAIM AMOUNT                TOTAL AMOUN
-------------------------------------------------------------------------------------------------------------------------

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

   XXX   XXXXXXXXXXXXXXXXXXXX           XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
                                        XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
   ***   TOTALS                                 $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99

-------------------------------------------------------------------------------------------------------------------------
         SUB-PROGRAM TOTAL              XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
         PROGRAM TOTAL                  XX       $$$$,$$$,$$9.99         $$$$,$$$,$$9.99         $$$$,$$$,$$9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month	MARS Fiscal Month	DE6847	
2	Program	Budget Program Code	DE9835	
3	Program [Description]	Budget Program Code Description	DE9836	
4	Sub-Program	Budget Sub-Program Code	DE9838	
5	Sub-Program [Description]	Budget Sub-Program Code Description	DE9839	
6	COS	Claim Category of Service	DE2038	
7	COS [Description]	Claim Category of Service Description	DE9921	

8	Claim Type	Claim Type	DE2002	
9	Regular Claim Amount	Calculated	DE0002	The sum of Amount Paid for all paid original claims (claim status = '1' and disposition = '1') for all accrued liability claims.
10	Adjustment Claim Amount	Calculated	DE0002	The sum of Amount Paid for all paid adjustment claims (claim status = '1' and disposition = '2', '3', '4') for all accrued liability claims.
11	Total Amount	Calculated	DE0002	REGULAR CLAIM AMOUNT (field# 8) + ADJUSTMENT CLAIM AMOUNT (field# 9).

Output Reports MR-O-104 Clean Claim Processing Turnaround Report

General Information

The Clean Claim Processing Turn-around report is a monthly summary of average days in process for clean (never pended or denied) claims.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Subsidiary MTD Reporting Process (MRM325)
Confidential:	No
Sequence:	Invoice Type
Control Breaks:	N/A

Clean Claim Processing Turnaround Report (MR-O-104)

```
MRM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:  mm/dd/ccyy                    CLEAN CLAIM PROCESSING TURNAROUND REPORT                          PAG
RUN DATE: mm/dd/ccyy    hh:mm
   (1)                                      (2)              (3)                (4)
                                          CLEAN            AVG DAYS           AVG DAYS
CLAIM                                     CLAIM              TO                 TO
TYPE  CLAIM DESCRIPTION                   COUNT            PROCESS          CHECK WRITE
-------------------------------------------------------------------------------------------------------------

 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9        ZZZ,ZZZ,ZZ9
 TOTAL PAPER CLAIMS     (5)            ZZZ,ZZZ,ZZ9
 TOTAL EMC CLAIMS       (6)            ZZZ,ZZZ,ZZ9
 TOTAL OTHER CLAIMS                    ZZZ,ZZZ,ZZ9
 TOTAL ALL CLAIMS       (7)            ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Claim Type	Claim Type	DE2002	
2	Clean Claims Count	Calculated	DE0002	Total of clean claims per Invoice Type.
3	Average Days to Process	Calculated	DE0002	Average days to process per Invoice Type.
4	Average Days To Check Write		DE0000	Average days to check write per Invoice Type.
5	Total Paper Claims	MARS Total PAPER Claim Counts	DE6226	Total paper claims.
6	Total EMC Claims	MARS Total EMC Claim Counts	DE6225	Total EMC claims.
7	Total Claims	Calculated	DE0002	Total clean claims.

Output Reports MR-O-105 CBU Billing Report

General Information

The CBU Billing Report provides monthly contractor billing unit (CBU) totals for the purpose of CBU volume accounting and reconciliation of changes in quarterly and year end adjustments made to Contractor invoices. This report includes CBU counts for adjudicated claims, encounters, premium payments, prior authorizations, and assessments. The CBU Billing Report counts claims that have a payment date within the calendar month report period. The monthly CBU counts include claims with a payment date in the current report month. These claims may have been adjudicated during the current month or in the previous month. Monthly CBU counts do not include those claims that were adjudicated during the current report month that have a payment date in the following month. Non-claim CBU items are selected based on the process dates associated with the paid claims being reported.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS MARS Unit
Program:	CBU Billing Report (MRM350)
Confidential:	No
Sequence:	Claim Type
Control Breaks:	Benefit Program Code

CBU Billing Report (MR-O-105)

```
MRM350                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:mm/dd/ccyy                                   MONTHLY CBU BILLING REPORT                                 PAGE
RUN DATE: mm/dd/ccyy hh:mm
PROGRAM: XXXXXXXXXXXXXXXXXXX (1)                   CLAIM CBU TOTALS (mm/dd/ccyy THRU mm/dd/ccyy)

                                        ADJUDICATED
(2) CLAIM TYPE (3)                        (4) CLAIMS                        ENCOUNTERS (5)
-------------------------------------------------------------------------------------------------------------------
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZ,ZZZ,ZZ9                           ZZ,ZZZ,ZZ9                                Z
-------------------------------------------------------------------------------------------------------------------
                          PROGRAM TOTALS:  ZZ,ZZZ,ZZ9                       ZZ,ZZZ,ZZ9                                Z
```

CBU Billing Report (MR-O-105)

```
MRM350                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:mm/dd/ccyy                                   MONTHLY CBU BILLING REPORT                                 P
RUN DATE: mm/dd/ccyy hh:mm
                                                   OTHER CBU TOTALS (mm/dd/ccyy THRU mm/dd/ccyy)

                                   ------------------------------------
                                                                      (7)
                                        PREMIUM PAYMENTS: ZZ,ZZZ,ZZ9 (8)
                                 PRIOR AUTHORIZATION FORMS: ZZ,ZZZ,ZZ9 (9)
                                        ASSESSMENT FORMS: ZZ,ZZZ,ZZ9
                                   ------------------------------------

                                   TOTAL CLAIM FILE CBU COUNT: ZZ,ZZZ,ZZ9 (10)

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

                                       TOTAL SYSTEM CBU COUNT: ZZ,ZZZ,ZZ9 (11)
                                   ------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROGRAM	Benefit Definition Plan Short Name	DE3555	
2	CLAIM TYPE [Code]	Claim Type	DE2002	
3	CLAIM TYPE [Description]	Code Value Descrip-tion	DE0018	

4	ADJUDICATED CLAIMS	Calculated	DE0002	If EWR-C-CLAIM-TYPE = '04' or '05' or '08' or '13' or '06' or '11' or '09' or '96, count the number of records on the claim extract file where all of the following conditions are true: EWR-C-STATUS = '1' or '3', and EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA >= '0' and <= '8' or 'A' If EWR-C-CLAIM-TYPE = '01' or '02' or '10', count the number of records where all of the following conditions are true: EWR-C-STATUS = '1' or '3', and EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA >= '0' and <= '8'. If EWR-C-CLAIM-TYPE = '03' and EWR-C-BILL-TYPE not equal to '333' (home health), count the number of records where all of the following conditions are true: EWR-C-STATUS = '1' or '3', and EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA >= '0' and <= '8'. If EWR-C-CLAIM-TYPE = '03' and EWR-C-BILL-TYPE = '333' (home health), count the number of revenue lines where all of the following conditions are true: EWR-C-STATUS = '1' or '3', and EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA >= '0' and <= '8' and EWR-C-PYMT-REQ-MEDIA <> '7'(non electronic media). If EWR-C-CLAIM-TYPE = '03' and EWR-C-BILL-TYPE = '333' (home health), count the number of records where all of the following conditions are true: EWR-C-STATUS = '1' or '3', and EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA = '7' (electronic media).
5	ENCOUNTERS	Calculated	DE0002	If EWR-C-CLAIM-TYPE = '04' or '05' or '08' or '13' or '06' or '11' or '09' or '96, count the number of records where all of the following conditions are true: EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA = '9'. If EWR-C-CLAIM-TYPE = '01' or '02' or

				'10', count the number of records where all of the following conditions are true: EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA = '9'. If EWR-C-CLAIM-TYPE = '03' and EWR-C-BILL-TYPE is not equal to '333' (home health), count the number of records where all of the following conditions are true: EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA = '9'. If EWR-C-CLAIM-TYPE = '03' and EWR-C-BILL-TYPE = '333' (home health), count the number of revenue lines where all of the following conditions are true: EWR-C-CLM-MOD = '1', and EWR-C-PYMT-REQ-MEDIA = '9'.
6	CBU TOTAL	Calculated	DE0002	ADJUDICATED CLAIMS (field #4) plus ENCOUNTERS (field #5) for each claim type within benefit program.
7	PREMIUM PAYMENTS	Calculated	DE0002	The total number of premium payments processed for the month. Premium payments include all of the following: Capitation Payments = Unduplicated count of servicing providers who have one or more paid or denied original capitation claims (claim type = '15') on the monthly claims extract file. Management Fees = Unduplicated count of servicing providers who have one or more paid or denied original management fee claims (claim type = '16') on the monthly claims extract file. Administration Fees = Unduplicated count of servicing providers who have one or more paid or denied original administration fee claims (claim type = '17') on the monthly claims extract file. HIPP Payments = Unduplicated count of providers with one or more financial transactions where Financial Adjustment Reason Code (DE# 9877) equals '9200' and Financial Trans-

				action Date (DE# 9825) is within the reporting period. HIV Premium Payments = Unduplicated count of providers with one or more financial transactions where Financial Adjustment Reason Code (DE# 9877) equals '9201' and Financial Transaction Date (DE# 9825) is within the reporting period. FAMIS Premium Payments = Unduplicated count of providers with one or more financial transactions where Financial Adjustment Reason Code (DE# 9877) equals '9202' and Financial Transaction Date (DE# 9825) is within the reporting period. Medicare Buyin Premium Payments = Unduplicated count of providers with one or more financial transactions where Financial Adjustment Reason Code (DE# 9877) equals '9203' and Financial Transaction Date (DE# 9825)is within the reporting period. QI2 Premium Payments = Unduplicated count of providers with one or more financial transactions where Financial Adjustment Reason Code (DE# 9877) equals '9204' and Financial Transaction Date (DE# 9825) is within the reporting period.
8	PRIOR AUTHORIZATION FORMS	Calculated	DE0002	The total number of prior authorization forms processed during the month. This count includes all prior authorizations on the database where the PA Date Entered (DE#2601) is within the calendar reporting month and the PA Media Type is not equal to '7' (EDI).
9	ASSESSMENT FORMS	Calculated	DE0002	The total number of assessment forms processed during the month. This count includes all assessment records from the Assessment Image table (AS_IMAGE) where the Record Update Date is within the reporting month.
10	TOTAL CLAIM FILE CBU COUNT	Calculated	DE0002	Sum of claims CBU TOTAL (field #6) for all benefit programs.

11	TOTAL SYSTEM CBU C OUNT	Calculated	DE0002	Sum of PREMIUM PAYMENTS (field #7), PRIOR AUTHORIZATION FORMS (field #8) ASSESSMENT FORMS (field #9), and TOTAL CLAIM FILE CBU COUNT (field #10).

Output Reports MR-O-110 Medicaid Audit Trail

General Information

This report allows the comparison of current year discharges versus prior year discharges. The detail provided for each NPI Provider shows the Before, Added, and After values for each detailed column on the report along with the Providers Fiscal Year End Date. If no NPI Providers are present, the Legacy Provider ID will be used instead.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Audit Trail (Medicaid) (MRM288)
Confidential:	No
Sequence:	Provider Identification Number
Control Breaks:	N/A

Medicaid Audit Trail (MR-O-110)

MRM289 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY MEDICAID AUDIT TRAIL FOR THE MONTH OF **(1)** PA
RUN DATE: MM/DD/CCYY HH:MM

	- - - - - - - CURRENT YEAR DISCHARGES - - - - - - -			- - - - - - - PRIOR YEAR DISCHARG		
	ACCOMMODATION DAYS	TENTATIVE PAYMENT	TPL/DUE FROM PATIENT	ACCOMMODATION DAYS	TENTATIVE PAYMENT	
(2)	**(3)**		**(4)**		**(5)**	
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE: **(6)**	999999999 **(9)**	$9999999999.99 **(12)**	$9999999999.99 **(15)**	999999999 **(18)**	$9999999999.99	(
ADDED: **(7)**	999999999 **(10)**	$9999999999.99 **(13)**	$9999999999.99 **(16)**	999999999 **(19)**	$9999999999.99	(
AFTER: **(8)**	999999999 **(11)**	$9999999999.99 **(14)**	$9999999999.99 **(17)**	999999999 **(20)**	$9999999999.99	(
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
ADDED:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
AFTER:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
ADDED:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
AFTER:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
ADDED:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
AFTER:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
ADDED:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
AFTER:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
PROV NO: 1234567890	FYE DATE: MM/DD/CCYY	PROV NAME: XXXXXXXXXXXXX		XXXXXXXXXXXXXXX	- XXXXX	
BEFORE:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
ADDED:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	
AFTER:	999999999	$9999999999.99	$9999999999.99	999999999	$9999999999.99	

Medicaid Audit Trail (MR-O-110)

```
MRM288                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                R
AS OF: MM/DD/CCYY                     MEDICAID AUDIT TRAIL FOR THE MONTH OF (1)                         P
RUN DATE: MM/DD/CCYY   HH:MM

                       - - - - - - - CURRENT YEAR DISCHARGES - - - - - - -      - - - - - - - PRIOR YEAR DISCHAR

                       ACCOMMODATION    TENTATIVE          TPL/DUE FROM       ACCOMMODATION    TENTATIVE
                       DAYS             PAYMENT            PATIENT            DAYS             PAYMENT

                 (2)              (3)                          (4)                                (5)
PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:          (6)   999999999  (9)   $9999999999.99  (12)$9999999999.99 (15) 999999999  (18)  $9999999999.99
ADDED:           (7)   999999999  (10)  $9999999999.99  (13)$9999999999.99 (16) 999999999  (19)  $9999999999.99
AFTER:           (8)   999999999  (11)  $9999999999.99  (14)$9999999999.99 (17) 999999999  (20)  $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
ADDED:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
AFTER:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
ADDED:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
AFTER:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
ADDED:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
AFTER:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
ADDED:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
AFTER:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: XXXXXXXXXXXX      XXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
ADDED:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
AFTER:                 999999999        $9999999999.99      $9999999999.99      999999999        $9999999999.99
```

Medicaid Audit Trail (MR-O-110)

```
MRM288                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF: MM/DD/CCYY                           MEDICAID AUDIT TRAIL FOR THE MONTH OF                       P
RUN DATE: MM/DD/CCYY   HH:MM

                       - - - - - - - CURRENT YEAR DISCHARGES - - - - - - -      - - - - - - - PRIOR YEAR DISCHA

                       ACCOMMODATION          TENTATIVE      TPL/DUE FROM       ACCOMMODATION    TENTATIVE
                       DAYS                   PAYMENT          PATIENT          DAYS             PAYMENT

    (24)                 (25)                   (26)
PROV NO: 1234567890    FYE DATE: MM/DD/CCYY  PROV NAME: COMPANY TOTALS

BEFORE:          (27)  999999999   (30)  $9999999999.99  (33)$9999999999.99   (36) 999999999  (39)  $9999999999.99
ADDED:           (28)  999999999   (31)  $9999999999.99  (34)$9999999999.99   (37) 999999999  (40)  $9999999999.99
AFTER:           (29)  999999999   (32)  $9999999999.99  (35)$9999999999.99   (38) 999999999  (41)  $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Month Of:	Calculated	DE0002	This field contains the name of the Month being reported.
2	Prov No	National Provider Identifier	DE4700	
3	FYE Date	Provider Fiscal Year End Date	DE4230	
4	Prov Name	Provider Name	DE4085	
5	Provider-type	MARS DRG Case Type	DE6794	Provider Type. Values are 'Acute', 'Psych' and 'Rehab'.
6	Accommodation Days (Before) - Current	Claim Payment days	DE2315	Accommodation Days for current period. Before processing
7	Accommodation Days (Added) - Current	Claim Payment days	DE2315	Accommodation Days for current period. Added during processing
8	Accommodation Days (After) - Current	Calculated	DE0002	Total Accommodation Days for current period, resulting from Before and Added Current Accommodation Days.
9	Tentative Payment (Before) - Current	Claim Payment Amount	DE2023	The Provider's Current Tentative Payment - before program processing
10	Tentative Payment (Added) - Current	Claim Payment Amount	DE2023	The Provider's Current Tentative Payment - Added during program processing
11	Tentative Payment (After) - Current	Calculated	DE0002	The Provider's Current Tentative Payment - After program processing, which is the sum total of the Before and Added Tentative Payments.
12	TPL/Due From Patient (Before) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the TPL Coverage Co-Pay amount (DE3672), MARS Primary Carrier Payment (DE 9055) and the Claims Medicaid Co-insurance amount (DE 2022). This is the value before processing.
13	TPL/Due From Patient (Added) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the Added TPL Coverage Co-Pay amount (DE3672), Added MARS Primary Carrier Payment (DE 9055) and the Added Claims Medicaid Co-insurance amount (DE 2022). This

				is the value Added during processing.
14	TPL/Due From Patient (After) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the before and added TPL Coverage Co-Pay amounts (DE3672) , before and added MARS Primary Carrier Payment (DE 9055) and the before and added Claims Medicaid Co-insurance amounts (DE 2022). This is the combined total resulting from program processing.
15	Accommodation Days (Before) - Prior	Claim Payment days	DE2315	Accommodation Days - For prior year discharges before processing.
16	Accommodation Days (Added) - Prior	Claim Payment days	DE2315	Accommodation Days - For prior year discharges added during processing.
17	Accommodation Days (After) - Prior	Calculated	DE0002	Total Accommodation Days - For prior year discharges, resulting from addition of the Before and Added Accommodation Days.
18	Tentative Payment (Before) - Prior	Claim Payment Amount	DE2023	Tentative Payment - for prior year discharges, before program processing
19	Tentative Payment (Added) - Prior	Claim Payment Amount	DE2023	Tentative Payment - for prior year discharges, added during program processing
20	Tentative Payment (After) - Prior	Calculated	DE0002	Tentative Payment - for prior year discharges, resulting from program processing. This value is the total of the Before value of the Tentative Payment and the Added value of the Tentative Payment Amounts for Prior discharges.
21	TPL/Due From Patient (Before) - Prior	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the TPL Coverage Co-Pay amount (DE3672), MARS Primary Carrier Payment (DE 9055) and the Claims Medicaid Co-insurance amount (DE 2022), for prior year discharges.
22	TPL/Due From Patient (Added) - Prior	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the Added TPL Coverage Co-Pay amount (DE3672), the Added MARS Primary Carrier Payment (DE 9055) and the Added Claims Medicaid Co-insurance amount (DE

				2022), for prior year discharges.
23	TPL/Due From Patient (After) - Prior	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the before and added TPL Coverage Co-Pay amounts (DE3672), the before and added MARS Primary Carrier Payment (DE 9055) and the before and added Medicaid Co-insurance amounts (DE 2022). This is the combined total for a given provider, resulting from program processing.

Output Reports MR-O-111 Medicaid Provider Summary - Inpatient DRG Payments

General Information

The Medicaid Provider Summary Report - Inpatient DRG Payment Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each NPI Provider. If no NPI Providers are present, the Legacy Provider ID will be used instead.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Acute Care (MRM290)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Medicaid Provider Summary - Inpatient DRG Payments (MR-O-111)

```
MRM290                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                                  MEDICAID PROVIDER SUMMARY REPORT                            PAGE
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT DRG PAYMENT REPORT
                                (1)
PROVIDER FISCAL YEAR END: MM/DD
                        (2)                          (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXX
*****************************************************************************************************************
  (4)            (5)                   (6)                          (7)                          (8)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DI
CODE          DESCRIPTION         MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM
                                  UNITS      CHARGES         UNITS      CHARGES         UNITS      CHARGES         UN
                                   (10)        (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS   999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                 (12)        (13)

 (14) DISCHARGES              999999999                  999999999                  999999999                  9999
 (15) TRANSFERS               999999999                  999999999                  999999999                  9999
 (16) MEDICAID DAYS           999999999                  999999999                  999999999                  9999
 (17) MEDICARE DAYS           999999999                  999999999                  999999999                  9999
 (18) CLAIMS                  999999999                  999999999                  999999999                  9999

*** ANCILLARY CHARGES ***
                                 (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999


XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY         999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                 (21)        (22)
```

Medicaid Provider Summary - Inpatient DRG Payments (MR-O-111)

```
MRM290                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF: MM/DD/CCYY                                  MEDICAID PROVIDER SUMMARY REPORT                          PAG
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT DRG PAYMENT REPORT
                                  (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                          (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
  (4)            (5)                    (6)                          (7)                          (8)
REVENUE                            DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION          MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       M
                                   UNITS      CHARGES         UNITS     CHARGES          UNITS      CHARGES        U
                                    (10)        (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS   999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (12)        (13)

 (14) DISCHARGES              999999999                  999999999                  999999999                  999
 (15) TRANSFERS               999999999                  999999999                  999999999                  999
 (16) MEDICAID DAYS           999999999                  999999999                  999999999                  999
 (17) MEDICARE DAYS           999999999                  999999999                  999999999                  999
 (18) CLAIMS                  999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                                 (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY         999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (21)        (22)
```

Medicaid Provider Summary - Inpatient DRG Payments (MR-O-111)

```
MRM290                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                               MEDICAID PROVIDER SUMMARY REPORT                              PA
RUN DATE: MM/DD/CCYY   HH:MM                      INPATIENT DRG PAYMENT REPORT

PROVIDER FISCAL YEAR END: MM/DD

PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXX
*****************************************************************************************************************
REVENUE                        DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD      DISC
CODE          DESCRIPTION       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY        MM/
                                UNITS       CHARGES       UNITS       CHARGES       UNITS       CHARGES        UNI

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

  (TOTAL CHARGES)             999999999 $9999999999.99  999999999 $9999999999.99  999999999 $9999999999.99   99999
ACCOMMODATION & ANCILLARY        (23)        (24)
*****************************************************************************************************************

DRG OPERATING PAYMENTS:            (25)
  INLIER                           (26) $9999999999.99            $9999999999.99            $9999999999.99
  OUTLIER                          (27) $9999999999.99            $9999999999.99            $9999999999.99
  TRANSFER                         (28) $9999999999.99            $9999999999.99            $9999999999.99
  TOTAL OPERATING PAYMENT          (29) $9999999999.99            $9999999999.99            $9999999999.99
CAPITAL PAYMENTS:                  (30) $9999999999.99            $9999999999.99            $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (31) $9999999999.99            $9999999999.99            $9999999999.99

DSH PAYMENTS                       (32) $9999999999.99            $9999999999.99            $9999999999.99

INDIRECT MED ED PAYMENTS:          (33) $9999999999.99            $9999999999.99            $9999999999.99

DIRECT MED ED PAYMENTS:            (34) $9999999999.99            $9999999999.99            $9999999999.99

TENTATIVE DMAS PAYMENTS            (35) $9999999999.99            $9999999999.99            $9999999999.99
DUE FROM PATIENT                   (36) $9999999999.99            $9999999999.99            $9999999999.99
PRIMARY INSURANCE PAYMENT          (37) $9999999999.99            $9999999999.99            $9999999999.99

TOTAL DRG WEIGHT                   (38)     99999.9999                99999.9999                99999.9999
TOTAL TRANSFER WEIGHT              (39)     99999.9999                99999.9999                99999.9999
TOTAL DRG WEIGHT (MINUS TRANSFERS) (40)     99999.9999                99999.9999                99999.9999

CASE MIX INDEX                     (41)     99999.9999                99999.9999                99999.9999

**NOTE:
     (1)  DRG WEIGHTS (MINUS TRANSFERS) DIVIDED BY DISCHARGES (MINUS TRANSFERS)
```

Medicaid Provider Summary - Inpatient DRG Payments (MR-O-111)

```
MRM290                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                               MEDICAID PROVIDER SUMMARY REPORT                              PA
RUN DATE: MM/DD/CCYY   HH:MM                      INPATIENT DRG PAYMENT REPORT

PROVIDER FISCAL YEAR END: MM/DD

PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
REVENUE                          DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD      DIS
CODE          DESCRIPTION         MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY        MM
                                  UNITS       CHARGES       UNITS       CHARGES       UNITS       CHARGES        UN

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

  (TOTAL CHARGES)              999999999 $9999999999.99  999999999 $9999999999.99  999999999 $9999999999.99   9999
ACCOMMODATION & ANCILLARY        (23)        (24)
*****************************************************************************************************************

DRG OPERATING PAYMENTS:            (25) $9999999999.99            $9999999999.99            $9999999999.99
  INLIER                           (26) $9999999999.99            $9999999999.99            $9999999999.99
  OUTLIER                          (27) $9999999999.99            $9999999999.99            $9999999999.99
  TRANSFER                         (28) $9999999999.99            $9999999999.99            $9999999999.99
  TOTAL OPERATING PAYMENT          (29) $9999999999.99            $9999999999.99            $9999999999.99
CAPITAL PAYMENTS:                  (30) $9999999999.99            $9999999999.99            $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (31) $9999999999.99            $9999999999.99            $9999999999.99

DSH PAYMENTS                       (32) $9999999999.99            $9999999999.99            $9999999999.99

INDIRECT MED ED PAYMENTS:          (33) $9999999999.99            $9999999999.99            $9999999999.99

DIRECT MED ED PAYMENTS:            (34) $9999999999.99            $9999999999.99            $9999999999.99

TENTATIVE DMAS PAYMENTS            (35) $9999999999.99            $9999999999.99            $9999999999.99
DUE FROM PATIENT                   (36) $9999999999.99            $9999999999.99            $9999999999.99
PRIMARY INSURANCE PAYMENT          (37) $9999999999.99            $9999999999.99            $9999999999.99

TOTAL DRG WEIGHT                   (38)     99999.9999                99999.9999                99999.9999
TOTAL TRANSFER WEIGHT              (39)     99999.9999                99999.9999                99999.9999
TOTAL DRG WEIGHT (MINUS TRANSFERS) (40)     99999.9999                99999.9999                99999.9999

CASE MIX INDEX                     (41)     99999.9999                99999.9999                99999.9999

**NOTE:
      (1) DRG WEIGHTS (MINUS TRANSFERS) DIVIDED BY DISCHARGES (MINUS TRANSFERS)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description of Revenue Code	MARS Cost Settlement Group Code	DE6786	Description for Revenue Code
6	Discharges for Period 1	Calculated	DE0002	It specifies the first discharge period.
7	Discharges for	Calculated	DE0002	It specifies the second discharge

	period 2			period.
8	Discharges for period 3	Calculated	DE0002	It specifies the third discharge period.
9	Discharges for period 4	Calculated	DE0002	It specifies the fourth discharge period.
10	Units	Claim Revenue Units	DE2123	The units of service for each of the four reporting periods for Accommodation Census
11	Charges	Claim Billed Charge	DE2016	The charges for each of the four reporting periods for Accommodation census.
12	Total Accommodation Units for Discharge Period	Calculated	DE0002	Summation of all the units for a particular discharge period
13	Total Accommodation Costs for Discharge Period	Calculated	DE0002	Summation of all the costs for a particular discharge period
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the patient is discharged, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2(i.e. the patient is transferred to another short term general hospital for inpatient), the transfer counter is incremented for the relevant period. The number of transfers for each provider is accumulated
16	Medicaid Days	Calculated	DE0002	The total number of "Medicaid Days" is based on the total covered days DE2108. If the hospital-code < 220, the Medicaid days are incremented by the total no of units. The Medicare days are then subtracted from the total to give the final Medicaid days .
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not

				the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-BILL = '111' or '114', the claims counter is incremented by 1 for the relevant period.
19	Ancillary Charge Units	Claim Revenue Units	DE2123	The units of service for each of the four reporting periods for Ancillary Charges (i.e. hospital-code >= 250)
20	Ancillary Charge Charges	Claim Billed Charge	DE2016	The charges for each of the four reporting periods for Ancillary charges(i.e. hospital-code >= 250).
21	Total Ancillary Units	Calculated	DE0002	Total number of units of all Ancillary Charges for a given Provider ID
22	Total Ancillary Charges	Calculated	DE0002	Dollar total amount of all Ancillary Charges for a given Provider ID
23	Total Charges (Accommodation & Ancillary) UNITS	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary Charges reported for a given Provider.
24	Total Charges (Accommodation & Ancillary) CHARGES	Calculated	DE0002	The combined total charges for Accommodation and Ancillary Charges reported for a given Provider.
25	DRG Operating Payments		DE0000	
26	Inlier	Calculated	DE0002	This is the summation of the DRGPMT field from the DRG case extract file for each relevant discharge period
27	Outlier	Calculated	DE0002	This field is the summation of the OUTPMT field from the DRG Case Extract file for each relevant discharge period.
28	Transfer	Calculated	DE0002	This field is the summation of PERDIEM field from the DRG Case extract file for each relevant discharge period.
29	Total Operating payment	Calculated	DE0002	The total operating costs for a provider. It includes the inlier, outlier and transfer costs.
30	Capital Payments	Calculated	DE0002	This field is a summation of CAPPMT field from the DRG Case extract file for each relevant discharge period.
31	Total operating and Capital Expendit-	Calculated	DE0002	The total of item numbers 29 and 30

	ures			
32	DSH Payments		DE0000	
33	Indirect Med Ed Payments		DE0000	
34	Direct Med Ed Payments		DE0000	
35	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
36	Due From Patient	Calculated	DE0002	This field is a summation of the copay and the actual amount owed by the patient.
37	Primary Insurance Payment	Calculated	DE0002	This field is the summation of the Primary insurance payment received by each provider for a particular discharge period.
38	Total DRG Weight	Calculated	DE0002	This field is the summation of all the WEIGHT fields from the DRG Case extract file (both types 'D' (DRG) and 'T' (Transfers).
39	Total Transfer Weight	Calculated	DE0002	If the Extract Payment type = 'Transfer', then the current field is the summation of all the WEIGHT fields from the DRG Case extract file.
40	Total DRG Weight (Minus Transfers)	Calculated	DE0002	The field TOTAL DRG WEIGHT (MINUS TRANSFER) (40) is obtained as a result of the difference of Fields Total DRG Weight (38) and Total Transfer Weight (39).
41	Case Mix Index	Calculated	DE0002	This field is calculated as follows TOTAL DRG WEIGHT(MINUS TRANSFER)(field 40) / DISCHARGES(field 14).

Output Reports MR-O-112 Medicaid Provider Summary - Inpatient Psychiatric

General Information

The Medicaid Provider Summary Report - Inpatient Psychiatric Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each provider.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Psych Care (MRM291)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Medicaid Provider Summary - Inpatient Psychiatric (MR-O-112)

MRM291 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY MEDICAID PROVIDER SUMMARY REPORT PAG
RUN DATE: MM/DD/CCYY HH:MM INPATIENT PSYCHIATRIC REPORT

(1)
PROVIDER FISCAL YEAR END: MM/DD

(2) (3)
PROVIDER NUMBER: 1234567890 XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX

(4) REVENUE CODE	(5) DESCRIPTION	(6) DISCHARGES FOR PERIOD MM/DD/YY - MM/DD/YY UNITS	CHARGES	(7) DISCHARGES FOR PERIOD MM/DD/YY - MM/DD/YY UNITS	CHARGES	(8) DISCHARGES FOR PERIOD MM/DD/YY - MM/DD/YY UNITS	CHARGES	DIS MM/ UN
*** ACCOMMODATION CENSUS ***								
		(10)	(11)					
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
	TOTAL ACCOMMONDATIONS	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
		(12)	(13)					
	REDUCED-PYMT-DAYS	999999999		999999999		999999999		999
(14)	DISCHARGES	999999999		999999999		999999999		999
(15)	TRANSFERS	999999999		999999999		999999999		999
(16)	MEDICAID DAYS	999999999		999999999		999999999		999
(17)	MEDICARE DAYS	999999999		999999999		999999999		999
(18)	CLAIMS	999999999		999999999		999999999		999
*** ANCILLARY CHARGES ***								
		(19)	(20)					
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
XXXX	XXXXXXXXXXXXXXXXXXXX	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999
	TOTAL ANCILLARY	999999999	$9999999999.99	999999999	$9999999999.99	999999999	$9999999999.99	999

Medicaid Provider Summary - Inpatient Psychiatric (MR-O-112)

```
MRM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP(
AS OF: MM/DD/CCYY                            MEDICAID PROVIDER SUMMARY REPORT                                 PAGE
RUN DATE: MM/DD/CCYY   HH:MM                   INPATIENT PSYCHIATRIC REPORT
                                (1)
PROVIDER FISCAL YEAR END: MM/DD
                        (2)                        (3)
PROVIDER NUMBER:  999999999    XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
  (4)            (5)                (6)                          (7)                        (8)
REVENUE                     DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD       DIS(
CODE          DESCRIPTION    MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY         MM/I
                              UNITS      CHARGES         UNITS      CHARGES         UNITS      CHARGES          UNI
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***
                                 (10)              (11)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                (12)        (13)

 (14) DISCHARGES             999999999                  999999999                  999999999                  9999
 (15) TRANSFERS              999999999                  999999999                  999999999                  9999
 (16) MEDICAID DAYS          999999999                  999999999                  999999999                  9999
 (17) MEDICARE DAYS          999999999                  999999999                  999999999                  9999
 (18) CLAIMS                 999999999                  999999999                  999999999                  9999

*** ANCILLARY CHARGES ***
                                (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY        999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                (21)        (22)
```

Medicaid Provider Summary - Inpatient Psychiatric (MR-O-112)

```
MRM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                            MEDICAID PROVIDER SUMMARY REPORT                                  PAG
RUN DATE: MM/DD/CCYY   HH:MM                   INPATIENT PSYCHIATRIC REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                        (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
REVENUE                          DISCHARGES FOR PERIOD    DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD    DISCH
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY      MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY      MM/DD
                                 UNITS      CHARGES       UNITS     CHARGES         UNITS      CHARGES       UNITS
*****************************************************************************************************************

  TOTAL CHARGES                  999999 $9999999999.99    999999  $9999999999.99    999999   $9999999999.99  99999
(ACCOMMODATION & ANCILLARY)       (23)       (24)
*****************************************************************************************************************

PSYCH OPERATING PAYMENTS:          (25)  $9999999999.99            $9999999999.99            $9999999999.99
TRANSFER PAYMENTS:                 (26)  $9999999999.99            $9999999999.99            $9999999999.99
CAPITAL PAYMENTS                   (27)  $9999999999.99            $9999999999.99            $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28)  $9999999999.99            $9999999999.99            $9999999999.99

DSH PAYMENTS                       (29)  $9999999999.99            $9999999999.99            $9999999999.99
INDIRECT MED ED PAYMENTS:          (30)  $9999999999.99            $9999999999.99            $9999999999.99
DIRECT MED ED PAYMENTS:            (31)  $9999999999.99            $9999999999.99            $9999999999.99
TENTATIVE DMAS PAYMENTS            (32)  $9999999999.99            $9999999999.99            $9999999999.99
DUE FROM PATIENT                   (33)  $9999999999.99            $9999999999.99            $9999999999.99
PRIMARY INSURANCE PAYMENT          (34)  $9999999999.99            $9999999999.99            $9999999999.99
```


Medicaid Provider Summary - Inpatient Psychiatric (MR-O-112)

```
MRM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                            MEDICAID PROVIDER SUMMARY REPORT                                  PA
RUN DATE: MM/DD/CCYY   HH:MM                   INPATIENT PSYCHIATRIC REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                        (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
REVENUE                          DISCHARGES FOR PERIOD    DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD    DISC
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY      MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY      MM/D
                                 UNITS      CHARGES       UNITS     CHARGES         UNITS      CHARGES       UNIT
*****************************************************************************************************************

  TOTAL CHARGES                  999999 $9999999999.99    999999  $9999999999.99    999999   $9999999999.99  9999
(ACCOMMODATION & ANCILLARY)       (23)       (24)
*****************************************************************************************************************

PSYCH OPERATING PAYMENTS:          (25)  $9999999999.99            $9999999999.99            $9999999999.99
TRANSFER PAYMENTS:                 (26)  $9999999999.99            $9999999999.99            $9999999999.99
CAPITAL PAYMENTS                   (27)  $9999999999.99            $9999999999.99            $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28)  $9999999999.99            $9999999999.99            $9999999999.99

DSH PAYMENTS                       (29)  $9999999999.99            $9999999999.99            $9999999999.99
INDIRECT MED ED PAYMENTS:          (30)  $9999999999.99            $9999999999.99            $9999999999.99
DIRECT MED ED PAYMENTS:            (31)  $9999999999.99            $9999999999.99            $9999999999.99
TENTATIVE DMAS PAYMENTS            (32)  $9999999999.99            $9999999999.99            $9999999999.99
DUE FROM PATIENT                   (33)  $9999999999.99            $9999999999.99            $9999999999.99
PRIMARY INSURANCE PAYMENT          (34)  $9999999999.99            $9999999999.99            $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description	MARS Cost Settlement Group Code	DE6786	Description for Revenue Code
6	Discharges For Period 1	Calculated	DE0002	It specifies the first discharge period
7	Discharges For Period 2	Calculated	DE0002	It specifies the second discharge period
8	Discharges For Period 3	Calculated	DE0002	It specifies the third discharge period
9	Discharges For Period 4	Calculated	DE0002	It specifies the fourth discharge period
10	Units (Accommodation Charges)	Claim Revenue Units	DE2123	The Accommodation Units for discharges for the reporting date range
11	Charges ((Accommodation Charges)	Claim Billed Charge	DE2016	The total charges by revenue code for the reporting date range for Accommodation Census
12	Total Accommodations - UNITS	Calculated	DE0002	Summation of all discharge units for the particular discharge period
13	Total Accommodations - CHARGES	Calculated	DE0002	Summation of all the costs for a particular discharge period
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the discharge status is not = 2, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2, the transfer counter is incremented for the relevant period. The no of transfers for each provider is accumulated.
16	Medicaid Days	Calculated	DE0002	The total number of "Medicaid Days" is

				based on the total covered days DE2108. If the hospital-code < 220, the Medicaid days are incremented by the total no of units.
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-Bill = '111' or '114', the claims counter is incremented by 1 for the relevant period.
19	Units (Ancillary Charges)	Claim Revenue Units	DE2123	The units of service for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
20	Charges (Ancillary Charges)	Claim Billed Charge	DE2016	The charges for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
21	Total Ancillary - UNITS	Calculated	DE0002	Total number of units of all Ancillary charges for a given Provider id
22	Total Ancillary - CHARGES	Calculated	DE0002	Dollar total amount of all Ancillary charges for a given Provider Id.
23	Total Charges (Ancillary & Accommodation) UNITS	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary charges reported for a given Provider
24	Total Charges (Ancillary & Accommodation) CHARGES	Calculated	DE0002	The combined total charges for Accommodation and Ancillary charges reported for a given Provider
25	Psych Operating Payments	Calculated	DE0002	If the Extract Payment Type = 'P' (Perdiem) or ', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
26	Transfer Payments	Calculated	DE0002	If the Extract Payment Type = 'T', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
27	Capital Payments	Calculated	DE0002	This field is the summation of CAPPMT field from the DRG Case

				Extract file for each relevant discharge period.
28	Total Operating and Capital Payments	Calculated	DE0002	This field is the summation of fields 25,26 and 27
29	DSH Payments		DE0000	
30	Indirect Med Ed Payments		DE0000	
31	Direct Med Ed Payments		DE0000	
32	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
33	Due From Patient	Calculated	DE0002	This field is a summation of the copay and actual amount owed by the patient.
34	Primary Insurance Payment	Calculated	DE0002	This field is the summation of the Primary insurance payment received by each provider for a particular discharge period.

Output Reports MR-O-113 Medicaid Provider Summary - Inpatient Rehabilitation

General Information

The "Medicaid Provider Summary Report - Inpatient Rehabilitation Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each NPI Provider. If no NPI Providers are present, the Legacy Provider ID will be used instead.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Rehab Care (MRM292)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Medicaid Provider Summary - Inpatient Rehabilitation (MR-O-113)

```
MRM292                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: MM/DD/CCYY                                  MEDICAID PROVIDER SUMMARY REPORT                          PAGE
RUN DATE: MM/DD/CCYY   HH:MM                      INPATIENT REHABILITATION REPORT
                            (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                        (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                    (6)                          (7)                          (8)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISC
CODE          DESCRIPTION         MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/
                                  UNITS      CHARGES         UNITS      CHARGES         UNITS      CHARGES         UNI
                                   (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                              (12)       (13)
      REDUCED-PYMT-DAYS      999999999                  999999999                  999999999                  999
(14)  DISCHARGES             999999999                  999999999                  999999999                  999
(15)  TRANSFERS              999999999                  999999999                  999999999                  999
(16)  MEDICAID DAYS          999999999                  999999999                  999999999                  999
(17)  MEDICARE DAYS          999999999                  999999999                  999999999                  999
(18)  CLAIMS                 999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                              (19)       (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY        999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                              (21)       (22)
```

Medicaid Provider Summary - Inpatient Rehabilitation (MR-O-113)

```
MRM292                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                                MEDICAID PROVIDER SUMMARY REPORT                            PAG
RUN DATE: MM/DD/CCYY   HH:MM                    INPATIENT REHABILITATION REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                    (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)          (5)                    (6)                        (7)                        (8)
REVENUE                        DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DIS
CODE          DESCRIPTION       MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM
                                UNITS      CHARGES         UNITS     CHARGES          UNITS      CHARGES         UN
                                (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
                                (12)       (13)

(14)  DISCHARGES             999999999                  999999999                  999999999                  99
(15)  TRANSFERS              999999999                  999999999                  999999999                  99
(16)  MEDICAID DAYS          999999999                  999999999                  999999999                  99
(17)  MEDICARE DAYS          999999999                  999999999                  999999999                  99
(18)  CLAIMS                 999999999                  999999999                  999999999                  99

*** ANCILLARY CHARGES ***
                                (19)       (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY        999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   99
                                (21)       (22)
```

Medicaid Provider Summary - Inpatient Rehabilitation (MR-O-113)

```
MRM292                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-O
AS OF: MM/DD/CCYY                                   MEDICAID PROVIDER SUMMARY REPORT                          PAGE
RUN DATE: MM/DD/CCYY   HH:MM                         INPATIENT REHABILITATION REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                        (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)
REVENUE                        DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DISC
CODE          DESCRIPTION       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM/
                                UNITS      CHARGES        UNITS     CHARGES          UNITS      CHARGES         UNI

*****************************************************************************************************************
                                  (23)        (24)
  TOTAL CHARGES                999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
(ACCOMMODATION & ANCILLARY)
*****************************************************************************************************************

REHAB OPERATING PAYMENTS:          (25) $9999999999.99            $9999999999.99            $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99            $9999999999.99            $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99            $9999999999.99            $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99            $9999999999.99            $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99            $9999999999.99            $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99            $9999999999.99            $9999999999.99
DIRECT MED ED PAYMENTS:            (31) $9999999999.99            $9999999999.99            $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99            $9999999999.99            $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99            $9999999999.99            $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99            $9999999999.99            $9999999999.99
```

Medicaid Provider Summary - Inpatient Rehabilitation (MR-O-113)

```
MRM292                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                   MEDICAID PROVIDER SUMMARY REPORT                          PAG
RUN DATE: MM/DD/CCYY   HH:MM                         INPATIENT REHABILITATION REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                        (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)
REVENUE                        DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD      DIS
CODE          DESCRIPTION       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY        MM
                                UNITS      CHARGES        UNITS      CHARGES         UNITS      CHARGES         UN

*****************************************************************************************************************
                                  (23)        (24)
  TOTAL CHARGES               999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
(ACCOMMODATION & ANCILLARY)
*****************************************************************************************************************

REHAB OPERATING PAYMENTS:          (25) $9999999999.99             $9999999999.99             $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99             $9999999999.99             $9999999999.99
DIRECT MED ED PAYMENTS:            (31) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99             $9999999999.99             $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description	MARS Cost Settlement Group Code	DE6786	Description for revenue code
6	Discharges For Period 1	Calculated	DE0002	It specifies the first discharge period
7	Discharges For Period 2	Calculated	DE0002	It specifies the second discharge period.
8	Discharges For Period 3	Calculated	DE0002	It specifies the third discharge period
9	Discharges For	Calculated	DE0002	It specifies the fourth discharge period.

	Period 4			
10	Units (Accommodation)	Claim Revenue Units	DE2123	The Accommodation Units for discharges for the reporting date range
11	Charges (Accommodation)	Claim Billed Charge	DE2016	The total charges by revenue code for the reporting date range for Accommodation Census
12	Total Accommodations - UNITS	Calculated	DE0002	Summation of all the units for a particular discharge period
13	Total Accommodations - CHARGES	Calculated	DE0002	Summation of all the costs for a particular discharge period
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the discharge status is not = 2, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2, the transfer counter is incremented for the relevant period. The no of transfers for each provider is accumulated.
16	Medicaid Days	Calculated	DE0002	The total number of "Medicaid Days" is based on the total covered days DE2108. If the hospital-code < 220, the Medicaid days are incremented by the total no of units.
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-Bill = '111' or '114', the claims counter is incremented by 1 for the relevant period.
19	Ancillary Charges - UNITS	Claim Revenue Units	DE2123	The units of service for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
20	Ancillary Charges -	Claim Billed Charge	DE2016	The charges for each of the four report-

	CHARGES			ing periods for Ancillary charges (i.e. hospital-code >=250)
21	Total Ancillary - UNITS	Calculated	DE0002	Total number of units of all Ancillary charges for a given Provider id
22	Total Ancillary - CHARGES	Calculated	DE0002	Dollar total amount of all Ancillary charges for a given Provider Id.
23	Total Charges (Accommodation & Ancillary) UNITS	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary charges reported for a given Provider
24	Total Charges (Accommodation & Ancillary) CHARGES	Calculated	DE0002	The combined total charges for Accommodation and Ancillary charges reported for a given Provider
25	Rehab Operating Payments	Calculated	DE0002	If the Extract Payment Type = 'P' (Perdiem)or ', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
26	Transfer Payments	Calculated	DE0002	If the Extract Payment Type = 'T', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
27	Capital Payments	Calculated	DE0002	This field is the summation of CAPPMT field from the DRG Case Extract file for each relevant discharge period.
28	Total Operating and Capital Payments	Calculated	DE0002	This field is the summation of fields25,26 and 27
29	DSH Payments		DE0000	
30	Indirect Med Ed Payments		DE0000	
31	Direct Med Ed Payments		DE0000	
32	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
33	Due From Patient	Calculated	DE0002	This field is a summation of the copay and actual amount owed by the patient.
34	Primary Insurance Payment	Calculated	DE0002	This field is the summation of the Primary insurance payment received by each provider for a particular dis-

				charge period.

Output Reports MR-O-114 FAMIS Audit Trail

General Information

This report allows the comparison of current year discharges versus prior year discharges. The detail provided for each Provider shows the Before, Added, and After values for each detailed column on the report along with the Provider's Fiscal Year End Date. If no NPI Provider ID is present, the Legacy Provider ID is used.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Audit Trail (FAMIS) (MRM289)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS Audit Trail (MR-O-114)

```
MRM289                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF: MM/DD/CCYY                             FAMIS AUDIT TRAIL FOR THE MONTH OF  (1)                         P
RUN DATE: MM/DD/CCYY   HH:MM

                       - - - - - - - CURRENT YEAR DISCHARGES - - - - - - -        - - - - - - PRIOR YEAR DISCHA

                       ACCOMMODATION          TENTATIVE      TPL/DUE FROM          ACCOMMODATION          TENTATI
                       DAYS                   PAYMENT        PATIENT               DAYS                   PAYMENT

            (2)                    (3)              (4)                                                    (5)
PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:            (6) 999999999   (9)  $9999999999.99  (12) $9999999999.99    (15) 999999999  (18)$9999999999.99
ADDED:             (7) 999999999   (10) $9999999999.99  (13) $9999999999.99    (16) 999999999  (19)$9999999999.99
AFTER:             (8) 999999999   (11) $9999999999.99  (14) $9999999999.99    (17) 999999999  (20)$9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
ADDED:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
AFTER:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
ADDED:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
AFTER:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
ADDED:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
AFTER:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
ADDED:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
AFTER:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99

PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: XXXXXXXXXXXXX      XXXXXXXXXXXXXXX        - XXXXX
BEFORE:                999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
ADDED:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
AFTER:                 999999999        $9999999999.99       $9999999999.99         999999999      $9999999999.99
```

FAMIS Audit Trail (MR-O-114)

```
MRM289                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                             FAMIS AUDIT TRAIL FOR THE MONTH OF                              PAG
RUN DATE: MM/DD/CCYY   HH:MM

                       - - - - - - - CURRENT YEAR DISCHARGES - - - - - - -        - - - - - - - PRIOR YEAR DISCHA

                       ACCOMMODATION          TENTATIVE      TPL/DUE FROM          ACCOMMODATION     TENTATIVE
                       DAYS                   PAYMENT          PATIENT             DAYS              PAYMENT

    (24)                   (25)                 (26)
PROV NO: 1234567890    FYE DATE: MM/DD/CCYY   PROV NAME: COMPANY TOTALS

BEFORE:            (27) 999999999   (30) $9999999999.99  (33) $9999999999.99    (36) 999999999  (39) $9999999999.99
ADDED:             (28) 999999999   (31) $9999999999.99  (34) $9999999999.99    (37) 999999999  (40) $9999999999.99
AFTER:             (29) 999999999   (32) $9999999999.99  (35) $9999999999.99    (38) 999999999  (41) $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	Month Of:	Calculated	DE0002	This field contains the name of the Month being reported.
2	Prov No	National Provider Identifier	DE4700	
3	FYE Date	Provider Fiscal Year End Date	DE4230	
4	Prov Name	Provider Name	DE4085	
5	Provider-Type	MARS DRG Case Type	DE6794	Provider Type. Values are 'Acute', 'Psych' and 'Rehab'.
6	Accommodation Days (Before) - Current	Claim Payment days	DE2315	Accommodation Days for current period. Before processing
7	Accommodation Days (Added) - Current	Claim Payment days	DE2315	Accommodation Days for current period. Added during processing
8	Accommodation Days (After) - Current	Calculated	DE0002	Total Accommodation Days for current period, resulting from Before and Added Current Accommodation Days.
9	Tentative Payment (Before) - Current	Claim Payment Amount	DE2023	The Provider's Current Tentative Payment - before program processing
10	Tentative Payment (Added) - Current	Claim Payment Amount	DE2023	
11	Tentative Payment (After) - Current	Calculated	DE0002	The Provider's Current Tentative Payment - After program processing, which is the sum total of the Before and Added Tentative Payments.
12	TPL/Due From Patient (Before) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the TPL Coverage Co-Pay amount (DE3672), MARS Primary Carrier Payment (DE 9055) and the Claims Medicaid Co-insurance amount (DE 2022). This is the value before processing.
13	TPL/Due From Patient (Added) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the Added TPL Coverage Co-Pay amount (DE3672), Added MARS Primary Carrier Payment (DE 9055) and the Added Claims Medicaid Co-insurance amount (DE 2022). This is the value Added during processing.
14	TPL/Due From Patient (After) - Current	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the before and added TPL Coverage Co-Pay amounts

				(DE3672) , before and added MARS Primary Carrier Payment (DE 9055) and the before and added Claims Medicaid Co-insurance amounts (DE 2022). This is the combined total resulting from program processing.
15	Accommodation (Before) Days - Prior	Claim Payment days	DE2315	Accommodation Days - For prior year discharges before processing.
16	Accommodation (Added) Days - Prior	Claim Payment days	DE2315	Accommodation Days - For prior year discharges added during processing.
17	Accommodation (After) Days - Prior	Calculated	DE0002	Total Accommodation Days - For prior year discharges, resulting from addition of the Before and Added Prior Accommodation Days.
18	Tentative Payment (Before) - Prior	Claim Payment Amount	DE2023	Tentative Payment - for prior year discharges, before program processing.
19	Tentative Payment (Added) - Prior	Claim Payment Amount	DE2023	Tentative Payment - for prior year discharges, added during program processing.
20	Tentative Payment (After) - Prior	Calculated	DE0002	After Tentative Payment - for a given provider's prior year discharges, resulting from program processing. This value is the total of the Before and Added values of the Tentative Payment Amounts of Prior Discharges.
21	TPL/Due From Patient (Before) - Prior	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the TPL Coverage Co-Pay amount (DE3672), MARS Primary Carrier Payment (DE 9055) and the Claims Medicaid Co-insurance amount (DE 2022), for prior year discharges.
22	TPL/Due From Patient (Added) - Prior	Claim Payment Amount	DE2023	The "TPL/Due From Patient" is calculated using the Added TPL Coverage Co-Pay amount (DE3672), the Added MARS Primary Carrier Payment (DE 9055) and the Added Claims Medicaid Co-insurance amount (DE 2022), for prior year discharges.
23	TPL/Due From Patient (After) - Prior	Calculated	DE0002	The "TPL/Due From Patient" is calculated using the before and added TPL Coverage Co-Pay amounts (DE3672), the before and added

				MARS Primary Carrier Payment (DE 9055) and the before and added Medicaid Co-insurance amounts (DE 2022). This is the combined total for a given provider, resulting from program processing.
24	Provider Number	National Provider Identifier	DE4700	
25	FYE Date	Provider Fiscal Year End Date	DE4230	
26	Provider Name	Provider Name	DE4085	
27	Before (Current Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharges Accommodation Days, before program processing, for all Providers listed on the report.
28	Added (Current Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharges Accommodation Days, added during program processing, and for all Providers listed on the report.
29	After (Current Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharges Accommodation Days, after program processing, and for all Providers listed on the report.
30	Before (Current Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharge Tentative Payments, before program processing, for all Providers listed on the report.
31	Added (Current Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharge Tentative Payments, added during program processing and includes all Providers listed on the report.
32	After (Current Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharge Tentative Payments. This total includes the before and added Tentative Payment Amounts and includes all Providers listed on the report.
33	Before (Current Year Discharges) - TPL/Due From Patient (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharge, TPL/Due From Patients before program processing and for all Providers listed on

				the report.
34	Added (Current Year Discharges) - TPL/Due From Patient (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharge, TPL/Due From Patients, added during program processing and includes all Providers listed on the report.
35	After (Current Year Discharges) - TPL/Due From Patient (Total)	Calculated	DE0002	This field is the cumulative total of all Current Year Discharges, TPL/Due From Patient Amounts. This total includes the before and added TPL/Due From Patient Amounts and includes amounts for all Providers listed on the report.
36	Before (Prior Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This value represents the calculated sum total of all Prior Year Discharge Accommodation Days for all given Providers, before program processing.
37	Added (Prior Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This value represents the calculated sum total of Accommodation Days for a given Provider - For prior year discharges that were added before program processing.
38	After (Prior Year Discharges) - Accommodation Days (Total)	Calculated	DE0002	This value represents the calculated sum total of Accommodation Days for prior year discharges, resulting from addition of the Before and Added Total Prior Accommodation Days. The total amounts includes all listed providers.
39	Before (Prior Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This value represents the calculated sum total of Accommodation Days for prior year discharges, resulting from addition of the Before and Added Total Prior Accommodation Days. The total amounts includes all listed providers.
40	Added (Prior Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This field is the cumulative total of all Prior Year Discharge Tentative Payments, added during program processing, for all Providers listed on the report.
41	After (Prior Year Discharges) - Tentative Payments (Total)	Calculated	DE0002	This field is the cumulative total of all Prior Year Discharge Tentative Payments, resulting from program processing, for all Providers listed on the report.
42	Before (Prior Year	Calculated	DE0002	This field is the cumulative total of all

	Discharges) - TPL/Due From Patient (Total)			Prior Year Discharges, TPL/Due From Patients, before program processing, for all Providers listed on the report.
43	Added (Prior Year Discharges) - TPL/Due From Patient (Total)	Calculated	DE0002	This field is the cumulative total of all Prior Year Discharges, TPL/Due From Patients, added during program processing, for all Providers listed on the report.
44	After (Prior Year Discharges) - TPL/Due From Patient (Total)	Calculated	DE0002	This field is the cumulative total of all Prior Year Discharges, TPL/Due From Patients, resulting from program processing, for all Providers listed on the report.

Output Reports MR-O-115 FAMIS Provider Summary - Inpatient DRG Payment

General Information

The "FAMIS Provider Summary Report - Inpatient DRG Payment" Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each provider. If no NPI Provider ID is present, the Legacy Provider ID is used.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Acute Care (MRM290)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS Provider Summary - Inpatient DRG Payment (MR-O-115)

```
MRM290                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                FAMIS PROVIDER SUMMARY REPORT                              PAGE
RUN DATE: MM/DD/CCYY   HH:MM                      INPATIENT DRG PAYMENT REPORT
                            (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                      (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
  (4)            (5)                    (6)                        (07)                        (08)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                                 UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        U
                                  (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                (12)        (13)

      REDUCED-PYMT-DAYS      999999999                  999999999                  999999999                  999
 (14) DISCHARGES             999999999                  999999999                  999999999                  999
 (15) TRANSFERS              999999999                  999999999                  999999999                  999
 (16) FAMIS DAYS             999999999                  999999999                  999999999                  999
 (17) MEDICARE DAYS          999999999                  999999999                  999999999                  999
 (18) CLAIMS                 999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                                (19)                       (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
```

FAMIS Provider Summary - Inpatient DRG Payment (MR-O-115)

```
MRM290                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                  FAMIS PROVIDER SUMMARY REPORT                             PAGE
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT DRG PAYMENT REPORT
                                (1)
PROVIDER FISCAL YEAR END: MM/DD
                        (2)                     (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXX
*****************************************************************************************************************
  (4)          (5)                  (6)                      (07)                     (08)
REVENUE                      DISCHARGES FOR PERIOD    DISCHARGES FOR PERIOD    DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION    MM/DD/YY - MM/DD/YY      MM/DD/YY - MM/DD/YY      MM/DD/YY - MM/DD/YY       M
                             UNITS      CHARGES       UNITS     CHARGES        UNITS      CHARGES        U
                              (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                              (12)       (13)
 (14) DISCHARGES             999999999                  999999999                  999999999                  999
 (15) TRANSFERS              999999999                  999999999                  999999999                  999
 (16) FAMIS DAYS             999999999                  999999999                  999999999                  999
 (17) MEDICARE DAYS          999999999                  999999999                  999999999                  999
 (18) CLAIMS                 999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                              (19)                       (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY        999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                              (21)       (22)
```

FAMIS Provider Summary - Inpatient DRG Payment (MR-O-115)

```
MRM290                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-O-1
AS OF: MM/DD/CCYY                                   FAMIS PROVIDER SUMMARY REPORT                              PAGE M
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT DRG PAYMENT REPORT
                            (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                          (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)          (5)                      (6)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DISCH
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/DD
                                 UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        UNITS
                                 (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES                999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999999
                                 (23)        (24)
*****************************************************************************************************************

DRG OPERATING PAYMENTS:            (25)
  INLIER                           (26) $9999999999.99             $9999999999.99             $9999999999.99
  OUTLIER                          (27) $9999999999.99             $9999999999.99             $9999999999.99
  TRANSFER                         (28) $9999999999.99             $9999999999.99             $9999999999.99
  TOTAL OPERATING PAYMENT          (29) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS:                  (30) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (31) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (32) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (33) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (34) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (35) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (36) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (37) $9999999999.99             $9999999999.99             $9999999999.99

TOTAL DRG WEIGHT                   (38)     99999.9999                 99999.9999                 99999.9999
TOTAL TRANSFER WEIGHT              (39)     99999.9999                 99999.9999                 99999.9999
TOTAL DRG WEIGHT (MINUS TRANSFERS) (40)     99999.9999                 99999.9999                 99999.9999

CASE MIX INDEX                     (41)     99999.9999                 99999.9999                 99999.9999

**NOTE:
    (1) DRG WEIGHTS (MINUS TRANSFERS) DIVIDED BY DISCHARGES (MINUS TRANSFERS)
```

FAMIS Provider Summary - Inpatient DRG Payment (MR-O-115)

```
MRM290                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-C
AS OF: MM/DD/CCYY                                   FAMIS PROVIDER SUMMARY REPORT                              PAGE
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT DRG PAYMENT REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                     (2)                          (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                        (6)
REVENUE                            DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DI
CODE          DESCRIPTION          MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM
                                   UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        UN
                                   (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES                999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                  (23)        (24)
*****************************************************************************************************************

DRG OPERATING PAYMENTS:            (25) $9999999999.99             $9999999999.99             $9999999999.99
  INLIER                           (26) $9999999999.99             $9999999999.99             $9999999999.99
  OUTLIER                          (27) $9999999999.99             $9999999999.99             $9999999999.99
  TRANSFER                         (28) $9999999999.99             $9999999999.99             $9999999999.99
  TOTAL OPERATING PAYMENT          (29) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS:                  (30) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (31) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (32) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (33) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (34) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (35) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (36) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (37) $9999999999.99             $9999999999.99             $9999999999.99

TOTAL DRG WEIGHT                   (38)     99999.9999                 99999.9999                 99999.9999
TOTAL TRANSFER WEIGHT              (39)     99999.9999                 99999.9999                 99999.9999
TOTAL DRG WEIGHT (MINUS TRANSFERS) (40)     99999.9999                 99999.9999                 99999.9999

CASE MIX INDEX                     (41)     99999.9999                 99999.9999                 99999.9999

**NOTE:
    (1) DRG WEIGHTS (MINUS TRANSFERS) DIVIDED BY DISCHARGES (MINUS TRANSFERS)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description	MARS Cost Settlement Group Code	DE6786	Description for Revenue Code
6	Discharges For Period 1	Calculated	DE0002	It specifies the first discharge period
7	Discharges for	Calculated	DE0002	It specifies the second discharge

	Period 2			period
8	Discharges for Period 3	Calculated	DE0002	It specifies the third discharge period
9	Discharges for Period 4	Calculated	DE0002	It specifies the fourth discharge period
10	Units	Claim Revenue Units	DE2123	The Accommodation Units for discharges for the reporting date range
11	Charges	Claim Billed Charge	DE2016	The total charges by revenue code for the reporting date range for Accommodation Census
12	Total Accommodation Units For Discharge Period	Calculated	DE0002	Summation of all the units for a particular discharge period.
13	Total Accommodation Costs For Discharge Period	Calculated	DE0002	Summation of all the costs for a particular discharge period.
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the discharge status is not = 2, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2, the transfer counter is incremented for the relevant period. The no of transfers for each provider is accumulated.
16	FAMIS Days	Calculated	DE0002	The total number of "FAMIS Days" is based on the total covered days DE2108. If the hospital-code < 220, the FAMIS days are incremented by the total no of units.
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-Bill = '111' or '114', the

				claims counter is incremented by 1 for the relevant period.
19	Ancillary Charge Units	Calculated	DE0002	The units of service for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
20	Ancillary Charge Charges	Calculated	DE0002	The charges for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
21	Total Ancillary Units	Calculated	DE0002	Total number of units of all Ancillary charges for a given Provider Id
22	Total Ancillary Charges	Calculated	DE0002	Dollar total amount of all ancillary charges for a given Provider Id.
23	Total Charges (Accommodation & Ancillary) Units	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary charges reported for a given Provider
24	Total Charges (Accommodation & Ancillary) Charges	Calculated	DE0002	The combined total charges for Accommodation and Ancillary charges reported for a given Provider
25	DRG Operating Payments		DE0000	
26	Inlier	Calculated	DE0002	This is the summation of the DRGPMT field from the DRG case extract file for each relevant discharge period
27	Outlier	Calculated	DE0002	This field is the summation of the OUTPMT field from the DRG Case Extract file for each relevant discharge period.
28	Transfer	Calculated	DE0002	This field is the summation of PERDIEM field from the DRG Case extract file for each relevant discharge period.
29	Total Operating Payment	Calculated	DE0002	The total operating costs for a provider. It includes the inlier, outlier and transfer costs.
30	Capital Payments	Calculated	DE0002	This field is a summation of CAPPMT field from the DRG Case extract file for each relevant discharge period.
31	Total Operating and Capital Payments	Calculated	DE0002	The total of item numbers 29 and 30
32	DSH Payments		DE0000	
33	Indirect Med Ed Payments		DE0000	
34	Direct Med Ed Pay-		DE0000	

	ments			
35	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
36	Due From Patient	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
37	Primary Insurance Payment	Calculated	DE0002	This field is the summation of the Primary insurance payment received by each provider for a particular discharge period.
38	Total DRG Weight	Calculated	DE0002	This field is the summation of all the WEIGHT fields from the DRG Case extract file (both types 'D' (DRG) and 'T' (Transfers).
39	Total Transfer Weight	Calculated	DE0002	If the Extract Payment type = 'Transfer', then the current field is the summation of all the WEIGHT fields from the DRG Case extract file.
40	Total DRG Weight (Minus Transfers)	Calculated	DE0002	The field TOTAL DRG WEIGHT (MINUS TRANSFER) (40) is obtained as a result of the difference of Fields Total DRG Weight (38) and Total Transfer Weight (39).
41	Case Mix Index	Calculated	DE0002	This field is calculated as follows TOTAL DRG WEIGHT(MINUS TRANSFER)(field 40) / DISCHARGES(field 14).

Output Reports MR-O-116 FAMIS Provider Summary - Inpatient Psychiatric

General Information

The "FAMIS Provider Summary Report - Inpatient Psychiatric Report" Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each provider. If no NPI Provider ID is present, the Legacy Provider ID is used.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Psych Care (MRM291)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS Provider Summary - Inpatient Psychiatric (MR-O-116)

```
MRM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-0
AS OF: MM/DD/CCYY                                  FAMIS PROVIDER SUMMARY REPORT                             PAGE
RUN DATE: MM/DD/CCYY   HH:MM                        INPATIENT PSYCHIATRIC REPORT
                            (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                       (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                      (6)                          (07)                        (08)
REVENUE                            DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DI
CODE          DESCRIPTION          MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM
                                   UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        UN
                                   (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS   999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                 (12)        (13)
      REDUCED-PYMT-DAYS       999999999                  999999999                  999999999                  9999
 (14) DISCHARGES              999999999                  999999999                  999999999                  9999
 (15) TRANSFERS               999999999                  999999999                  999999999                  9999
 (16) FAMIS DAYS              999999999                  999999999                  999999999                  9999
 (18) CLAIMS                  999999999                  999999999                  999999999                  9999

*** ANCILLARY CHARGES ***
                                 (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
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FAMIS Provider Summary - Inpatient Psychiatric (MR-O-116)

```
MRM291                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-O
AS OF: MM/DD/CCYY                                 FAMIS PROVIDER SUMMARY REPORT                            PAGE
RUN DATE: MM/DD/CCYY   HH:MM                       INPATIENT PSYCHIATRIC REPORT
                                (1)
PROVIDER FISCAL YEAR END: MM/DD
                        (2)                     (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                    (6)                          (07)                        (08)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DI
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM
                                 UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        UN
                                 (10)        (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS   999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                (12)        (13)
 (14) DISCHARGES              999999999                  999999999                  999999999                  9999
 (15) TRANSFERS               999999999                  999999999                  999999999                  9999
 (16) FAMIS DAYS              999999999                  999999999                  999999999                  9999
 (17) MEDICARE DAYS           999999999                  999999999                  999999999                  9999
 (18) CLAIMS                  999999999                  999999999                  999999999                  9999

*** ANCILLARY CHARGES ***
                                (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY         999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                (21)        (22)
```

FAMIS Provider Summary - Inpatient Psychiatric (MR-O-116)

```
MRM291                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                      FAMIS PROVIDER SUMMARY REPORT                          PAGE
RUN DATE: MM/DD/CCYY   HH:MM                           INPATIENT PSYCHIATRIC REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                      (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                      (6)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                                 UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        U
                                 (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES               999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (23)        (24)
*****************************************************************************************************************

PSYCH OPERATING PAYMENTS:          (25) $9999999999.99             $9999999999.99             $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (31) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99             $9999999999.99             $9999999999.99
```

FAMIS Provider Summary - Inpatient Psychiatric (MR-O-116)

```
MRM291                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                      FAMIS PROVIDER SUMMARY REPORT                          PAGE
RUN DATE: MM/DD/CCYY   HH:MM                           INPATIENT PSYCHIATRIC REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                        (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)          (5)                        (6)
REVENUE                          DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                                 UNITS      CHARGES        UNITS     CHARGES         UNITS      CHARGES        U
                                 (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES                999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (23)        (24)
*****************************************************************************************************************

PSYCH OPERATING PAYMENTS:          (25) $9999999999.99             $9999999999.99             $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (31) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99             $9999999999.99             $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description	MARS Cost Settlement Group Code	DE6786	Description of Revenue code
6	Discharges For Period 1	Calculated	DE0002	It specifies the first discharge period.
7	Discharges For Period 2	Calculated	DE0002	It specifies the second discharge period.
8	Discharges for Period 3	Calculated	DE0002	It specifies the third discharge period.

9	Discharges for Period 4	Calculated	DE0002	It specifies the fourth discharge period
10	Units	Claim Revenue Units	DE2123	The Accommodation Units for discharges for the reporting date range
11	Charges	Claim Billed Charge	DE2016	The total charges by revenue code for the reporting date range for Accommodation Census
12	Total accommodation Units For Discharge Period	Calculated	DE0002	Summation of all the units for a particular discharge period.
13	Total Accommodation Costs for Discharge Period	Calculated	DE0002	Summation of all the costs for a particular discharge period.
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the discharge status is not = 2, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2, the transfer counter is incremented for the relevant period. The no of transfers for each provider is accumulated.
16	FAMIS Days	Calculated	DE0002	The total number of "FAMIS Days" is based on the total covered days DE2108. If the hospital-code < 220, the FAMIS days are incremented by the total no of units.
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-Bill = '111' or '114', the claims counter is incremented by 1 for the relevant period.
19	Ancillary Charge Units	Calculated	DE0002	The units of service for each of the four reporting periods for Ancillary charges

				(i.e. hospital-code >=250)
20	Ancillary Charge Charges	Calculated	DE0002	The charges for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
21	Total Ancillary Units	Calculated	DE0002	Total number of units of all Ancillary charges for a given Provider Id
22	Total Ancillary Charges	Calculated	DE0002	Dollar total amount of all ancillary charges for a given Provider Id.
23	Total Charges (Accommodation & Ancillary) Units	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary charges reported for a given Provider
24	Total Charges (Accommodation & Ancillary) Charges	Calculated	DE0002	The combined total charges for Accommodation and Ancillary charges reported for a given Provider
25	Psych Operating Payments	Calculated	DE0002	If the Extract Payment Type = 'P' (Perdiem) or ', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
26	Transfer Payments	Calculated	DE0002	If the Extract Payment Type = 'Transfer', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
27	Capital Payments	Calculated	DE0002	This field is the summation of CAPPMT field from the DRG Case Extract file for each relevant discharge period.
28	Total Operating and Capital Payments	Calculated	DE0002	This field is a summation of fields 25,26 and 27
29	DSH Payments		DE0000	
30	Indirect Med Ed Payments		DE0000	
31	Direct Med Ed Payments		DE0000	
32	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.
33	Due From Patient	Calculated	DE0002	This field is a summation of the copay and actual amount owed by the patient.
34	Primary Insurance	Calculated	DE0002	This field is the summation of the

	Payment			Primary insurance payment received by each provider for a particular discharge period.

Output Reports MR-O-117 FAMIS Provider Summary - Inpatient Rehabilitation

General Information

The "FAMIS Provider Summary Report - Inpatient Rehabilitation Report" Report breaks down the accommodation and ancillary charges by four date range periods. The detail is presented by revenue code with totals for each provider. If no NPI Provider ID is present, the Legacy Provider ID is used.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	DRG Rehab Care (MRM292)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS Provider Summary - Inpatient Rehabilitation (MR-O-117)

```
MRM291                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                FAMIS PROVIDER SUMMARY REPORT                            PAGE
RUN DATE: MM/DD/CCYY   HH:MM                      INPATIENT REHABILITATION REPORT
                            (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                      (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)          (5)                    (6)                          (07)                      (08)
REVENUE                        DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION      MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                               UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        U
                               (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS   999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (12)        (13)
      REDUCED-PYMT-DAYS       999999999                  999999999                  999999999                  999
 (14) DISCHARGES              999999999                  999999999                  999999999                  999
 (15) TRANSFERS               999999999                  999999999                  999999999                  999
 (16) FAMIS DAYS              999999999                  999999999                  999999999                  999
 (18) CLAIMS                  999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                                 (19)        (20)
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
```

FAMIS Provider Summary - Inpatient Rehabilitation (MR-O-117)

```
MRM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                   FAMIS PROVIDER SUMMARY REPORT                            PAGE
RUN DATE: MM/DD/CCYY   HH:MM                         INPATIENT REHABILITATION REPORT
                                (1)
PROVIDER FISCAL YEAR END: MM/DD
                        (2)                        (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                    (6)                                (07)                          (08)
REVENUE                          DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                                 UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        U
                                 (10)       (11)
*****************************************************************************************************************

*** ACCOMMODATION CENSUS ***

XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ACCOMMONDATIONS  999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                (12)       (13)
 (14) DISCHARGES             999999999                  999999999                  999999999                  999
 (15) TRANSFERS              999999999                  999999999                  999999999                  999
 (16) FAMIS DAYS             999999999                  999999999                  999999999                  999
 (17) MEDICARE DAYS          999999999                  999999999                  999999999                  999
 (18) CLAIMS                 999999999                  999999999                  999999999                  999

*** ANCILLARY CHARGES ***
                                (19)       (20)
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
XXXX  XXXXXXXXXXXXXXXXXXX    999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
-----------------------------------------------------------------------------------------------------------------
      TOTAL ANCILLARY        999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                (21)       (22)
```

FAMIS Provider Summary - Inpatient Rehabilitation (MR-O-117)

```
MRM292                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-O-
AS OF: MM/DD/CCYY                                   FAMIS PROVIDER SUMMARY REPORT                            PAGE
RUN DATE: MM/DD/CCYY   HH:MM                         INPATIENT REHABILITATION REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                        (3)
PROVIDER NUMBER:  1234567890   XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                        (6)
REVENUE                            DISCHARGES FOR PERIOD      DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DIS
CODE          DESCRIPTION          MM/DD/YY - MM/DD/YY        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/
                                   UNITS      CHARGES         UNITS     CHARGES         UNITS      CHARGES        UNI
                                   (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES                999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   9999
                                   (23)        (24)
*****************************************************************************************************************

REHAB OPERATING PAYMENTS:          (25) $9999999999.99             $9999999999.99             $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (31) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99             $9999999999.99             $9999999999.99
```

FAMIS Provider Summary - Inpatient Rehabilitation (MR-O-117)

```
MRM292                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    MR-
AS OF: MM/DD/CCYY                                   FAMIS PROVIDER SUMMARY REPORT                          PAGE
RUN DATE: MM/DD/CCYY   HH:MM                         INPATIENT REHABILITATION REPORT
                          (1)
PROVIDER FISCAL YEAR END: MM/DD
                      (2)                       (3)
PROVIDER NUMBER:  1234567890    XXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXX
*****************************************************************************************************************
(4)            (5)                      (6)
REVENUE                          DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     DISCHARGES FOR PERIOD     D
CODE          DESCRIPTION        MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       MM/DD/YY - MM/DD/YY       M
                                 UNITS      CHARGES        UNITS     CHARGES         UNITS      CHARGES        U
                                 (10)        (11)
*****************************************************************************************************************

  TOTAL CHARGES              999999999 $9999999999.99   999999999 $9999999999.99   999999999 $9999999999.99   999
                                 (23)        (24)
*****************************************************************************************************************

REHAB OPERATING PAYMENTS:          (25) $9999999999.99             $9999999999.99             $9999999999.99
TRANSFER PAYMENTS:                 (26) $9999999999.99             $9999999999.99             $9999999999.99
CAPITAL PAYMENTS                   (27) $9999999999.99             $9999999999.99             $9999999999.99
TOTAL OPERATING & CAPITAL PAYMENTS (28) $9999999999.99             $9999999999.99             $9999999999.99

DSH PAYMENTS                       (29) $9999999999.99             $9999999999.99             $9999999999.99

INDIRECT MED ED PAYMENTS:          (30) $9999999999.99             $9999999999.99             $9999999999.99

DIRECT MED ED PAYMENTS:            (31) $9999999999.99             $9999999999.99             $9999999999.99

TENTATIVE DMAS PAYMENTS            (32) $9999999999.99             $9999999999.99             $9999999999.99
DUE FROM PATIENT                   (33) $9999999999.99             $9999999999.99             $9999999999.99
PRIMARY INSURANCE PAYMENT          (34) $9999999999.99             $9999999999.99             $9999999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Fiscal Year End	Provider Fiscal Year End Date	DE4230	
2	Provider Number	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Revenue Code	Claim Revenue Code	DE2122	
5	Description	MARS Cost Settlement Group Code	DE6786	Description of Revenue Code
6	Discharges For Period 1	Calculated	DE0002	It specifies the first discharge period.
7	Discharges For	Calculated	DE0002	It specifies the second discharge

	Period 2			period.
8	Discharges For Period 3	Calculated	DE0002	It specifies the third discharge period.
9	Discharges For Period 4	Calculated	DE0002	It specifies the fourth discharge period.
10	Units	Claim Revenue Units	DE2123	The Accommodation Units for discharges for the reporting date range
11	Charges	Claim Billed Charge	DE2016	The total charges by revenue code for the reporting date range for Accommodation Census
12	Total Accommodation Units For Discharge Period	Calculated	DE0002	Summation of all the units for a particular discharge period.
13	Total Accommodation Costs For Discharge Period	Calculated	DE0002	Summation of all the costs for a particular discharge period.
14	Discharges	Calculated	DE0002	The total discharges for each provider is based on the discharge status from the case extract file. If the discharge status is not = 2, the discharge counter is incremented for the relevant period.
15	Transfers	Calculated	DE0002	The total transfers for each provider is based on the discharge status from the case extract file. If the discharge status is = 2, the transfer counter is incremented for the relevant period. The no of transfers for each provider is accumulated.
16	FAMIS Days	Calculated	DE0002	The total number of "FAMIS Days" is based on the total covered days DE2108. If the hospital-code < 220, the FAMIS days are incremented by the total no of units.
17	Medicare Days	Calculated	DE0002	For any period, If in the claim the E-OCCUR-CODE is equal to '24' (date insurance denied) or '25' (date benefits terminated by primary payor) the Medicare Days are calculated by the difference between the service from date and the date of payment. If this is not the case then Medicare days are calculated by adding the Medicaid Days to the existing Medicare Days.
18	Claims	Calculated	DE0002	If E-TYPE-Bill = '111' or '114', the

				claims counter is incremented by 1 for the relevant period.
19	Ancillary Charge Units	Calculated	DE0002	The units of service for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
20	Ancillary Charge Charges	Calculated	DE0002	The charges for each of the four reporting periods for Ancillary charges (i.e. hospital-code >=250)
21	Total Ancillary Units	Calculated	DE0002	Total number of units of all Ancillary charges for a given Provider Id
22	Total Ancillary Charges	Calculated	DE0002	Dollar total amount of all ancillary charges for a given Provider Id.
23	Total Charges (Accommodation & Ancillary) Units	Calculated	DE0002	The combined total number of units for Accommodation and Ancillary charges reported for a given Provider
24	Total Charges (Accommodation & Ancillary) Charges	Calculated	DE0002	The combined total charges for Accommodation and Ancillary charges reported for a given Provider
25	Rehab Operating Payments	Calculated	DE0002	If the Extract Payment Type = 'P' (Perdiem) or ', this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
26	Transfer Payments	Calculated	DE0002	If the Extract Payment Type = 'T' (Transfer), this field is the summation of PERDIEM field from the DRG Case Extract file for each relevant discharge period.
27	Capital Payments	Calculated	DE0002	This field is the summation of CAPPMT field from the DRG Case Extract file for each relevant discharge period.
28	Total Operating and Capital Payments	Calculated	DE0002	This field is a summation of fields 25,26 and 27
29	DSH Payments		DE0000	
30	Indirect Med Ed Payments		DE0000	
31	Direct Med Ed Payments		DE0000	
32	Tentative DMAS Payments	Calculated	DE0002	This field is a summation of the tentative payments made, the values of which are extracted from the DRG Case extract file.

33	Due From Patient	Calculated	DE0002	This field is a summation of the copay and actual amount owed by the patient.
34	Primary Insurance Payment	Calculated	DE0002	This field is the summation of the Primary insurance payment received by each provider for a particular discharge period.

Output Reports MR-O-120 MR-F-170 DET Record

General Information

Monthly MARS Part D MR-F-170 DET Record.

Subsystem:	MARS
Frequency:	Weekly/Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	Sort Utility (SORT UTL)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MR-F-170 DET record (MR-O-120)

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*****************************************************************
*               V I R G I N I A   M A R S                       *
*                                                               *
*  MARS MMASNCSV - MEDICARE MODERNIZATION ACT PART-D ELIGIBILITY *
*                  SEND FILE IN COMMA SEPERATED VARIBALE        *
*                  (CSV) FORMAT.                                *
*                                                               *
*  RECORD NAME         DESCRIPTION                  FMT    LEN  *
*  ================    ==========================   =====  ===  *
*  MMA-SN-HEADER-REC   CONTAINS HEADER INFORMATION  FIXED  600  *
*  MMA-SN-HEADINGS     CONTAINS COLUMN HEADINGS     FIXED  600  *
*  MMA-SN-DATA-REC     CONTAINS DATA ELEMENT        FIXED  600  *
*                                                               *
*****************************************************************
*      MAINTENANCE LOG                                          *
*                                                               *
*   DATE           PROGRAMMER           CHANGE/REASON           *
* 05/08/2009       DOUG BRIERS        RELEASE 44                *
*                                     INITIAL CREATION          *
*                                                               *
*                                                               *
*****************************************************************


 01  MMA-SN-HEADER-REC.
     05  FILLER              PIC X(11) VALUE '1REPORT NO '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-REP-NUM      PIC X(11) VALUE SPACES.
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(09) VALUE 'RUN DATE '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-RUN-DATE     PIC X(10).
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(03) VALUE 'TXT'.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-COUNT        PIC Z(13).
     05  FILLER              PIC X(538) VALUE SPACES.

 01  MMA-SN-HEADINGS.
     05  FILLER    PIC X(01) VALUE ' '.
     05  FILLER    PIC X(18) VALUE 'MMA_EL_RCRD_IDNFR,'.
     05  FILLER    PIC X(14) VALUE 'MMA_EL_MMCCYY,'.
     05  FILLER    PIC X(14) VALUE 'MMA_EL_STATUS,'.
     05  FILLER    PIC X(16) VALUE 'MMA_EL_HIC_NMBR,'.
     05  FILLER    PIC X(19) VALUE 'MMA_EL_HIC_RRB_IND,'.
     05  FILLER    PIC X(11) VALUE 'MMA_EL_SSN,'.
     05  FILLER    PIC X(18) VALUE 'MMA_EL_SMA_IDNTFR,'.
     05  FILLER    PIC X(19) VALUE 'MMA_EL_RECIP_FNAME,'.
     05  FILLER    PIC X(19) VALUE 'MMA_EL_RECIP_LNAME,'.
     05  FILLER    PIC X(19) VALUE 'MMA_EL_RECIP_MNAME,'.
     05  FILLER    PIC X(22) VALUE 'MMA_EL_RECIP_SFX_NAME,'.
     05  FILLER    PIC X(11) VALUE 'MMA_EL_SEX,'.
     05  FILLER    PIC X(16) VALUE 'MMA_EL_BIRTH_DT,'.
     05  FILLER    PIC X(17) VALUE 'MMA_EL_DUAL_ELIG,'.
     05  FILLER    PIC X(15) VALUE 'MMA_EL_FPL_IND,'.
     05  FILLER    PIC X(20) VALUE 'MMA_EL_DRG_CVRG_IND,'.
     05  FILLER    PIC X(22) VALUE 'MMA_EL_INST_STATS_IND,'.
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MR-F-170 DET record (MR-O-120)

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     05  FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_APRVD,'.
     05  FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_APRDT,'.
     05  FILLER    PIC X(22) VALUE 'MMA_EL_PRTD_SBCD_STDT,'.
     05  FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_ENDDT,'.
     05  FILLER    PIC X(20) VALUE 'MMA_EL_PRTD_FPL_PCT,'.
     05  FILLER    PIC X(21) VALUE 'MMA_EL_PRTD_SBCD_LVL,'.
     05  FILLER    PIC X(23) VALUE 'MMA_EL_INCM_USD_TDTRMN,'.
     05  FILLER    PIC X(21) VALUE 'MMA_EL_RSRC_LVL_PRTD,'.
     05  FILLER    PIC X(16) VALUE 'MMA_EL_SBCD_DNL,'.
     05  FILLER    PIC X(19) VALUE 'MMA_EL_RSLT_APPEAL,'.
     05  FILLER    PIC X(22) VALUE 'MMA_EL_CHNG_PRV_DTRMN,'.
     05  FILLER    PIC X(18) VALUE 'MMA_EL_DTRMN_CNCLD'.
     05  FILLER    PIC X(58) VALUE SPACES.

01   MMA-SN-DATA-REC.
     05  FILLER                     PIC X(01) VALUE ' '.
     05  MMA-EL-RCRD-IDNFR          PIC X(03).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-MMCCYY              PIC 9(06).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-STATUS              PIC X(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-HIC-NMBR            PIC X(15).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-HIC-RRB-IND         PIC X(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-SSN                 PIC 9(09).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-SMA-IDNTFR          PIC X(20).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-RECIP-FNAME         PIC X(12).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-RECIP-LNAME         PIC X(20).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-RECIP-MNAME         PIC X(15).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-RECIP-SFX-NAME      PIC X(04).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-SEX                 PIC X(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-BIRTH-DT            PIC 9(08).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-DUAL-ELIG           PIC 9(02).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-FPL-IND             PIC 9(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-DRG-CVRG-IND        PIC 9(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-INST-STATS-IND      PIC X(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-PRTD-SBCD-APRVD     PIC X(01).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-PRTD-SBCD-APRDT     PIC 9(08).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-PRTD-SBCD-STDT      PIC 9(08).
     05  FILLER                     PIC X(01) VALUE ','.
     05  MMA-EL-PRTD-SBCD-ENDDT     PIC 9(08).
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MR-F-170 DET record (MR-O-120)

```
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-PRTD-FPL-PCT       PIC 9(03).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-LVL      PIC 9(03).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-INCM-USD-TDTRMN    PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-RSRC-LVL-PRTD      PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-SBCD-DNL           PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-RSLT-APPEAL        PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-CHNG-PRV-DTRMN     PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-DTRMN-CNCLD        PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  FILLER                    PIC X(413) VALUE SPACES.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MMA_EL_ RCRD_IDNFR	MMA Record Iden-tification Code	DE7037	MMA Record Identification Code
2	MMA_EL_ MMCCYY	Calculated	DE0002	MMA File Creation Month and Year
3	MMA_EL_ STATUS	Medicaid Eligibility Status	DE7042	Medicaid Eligibility Status
4	MMA_EL_HIC_ NMBR	Medicare Number	DE3002	Enrollee Health Insurance Claim (HIC) Number
5	MMA_EL_HIC_ RRB_IND	MMA Recipients HIC-RRB Indicator	DE7043	MMA Recipients HIC-RRB Indicator
6	MMA_EL_SSN	Enrollee Social Security Number (SSN)	DE3034	Enrollee Social Security Number (SSN)
7	MMA_EL_SMA_ IDNTFR	Enrollee Permanent Identification Number	DE3093	Enrollee Permanent Identification Number
8	MMA_EL_ RECIP_FNAME	Enrollee First Name	DE3111	Enrollee First Name
9	MMA_EL_ RECIP_LNAME	Enrollee Last Name	DE3110	Enrollee Last Name

10	MMA_EL_ RECIP_MNAME	Enrollee Middle Initial	DE3112	Enrollee Middle Initial
11	MMA_EL_SFX_ NAME	Enrollee Name Suffix	DE3113	Enrollee Name Suffix
12	MMA_EL_SEX	Enrollee Sex Code	DE3007	Enrollee Sex Code
13	MMA_EL_ BIRTH_DT	Enrollee Birth Date	DE3005	Enrollee Birth Date
14	MMA_EL_DUAL_ ELIG	MARS HCFA MSIS Dual Eligible Flag	DE6042	MARS HCFA MSIS Dual Eligible Flag
15	MMA_EL_FPL_ IND	FPL Indicator Value	DE7006	FPL Indicator Value
16	MMA_EL_DRG_ CVRG_IND	Drug Coverage Indic-ator	DE7044	Drug Coverage Indicator
17	MMA_EL_INST_ STATS_IND	Institutional Status Indic-ator	DE7045	Institutional Status Indicator
18	MMA_EL_PRTD_ SBCD_APRVD	PARTD Subsidy Approved	DE7046	Part D Subsidy Approved
19	MMA_EL_PRTD_ SBCD_APRDT	PART D Subsidy Approval Date	DE7049	Part D Subsidy Approved Date
20	MMA_EL_PRDT_ SBCD_STDT	PARTD Subsidy Start Date	DE7050	Part D Subsidy Start Date
21	MMA_EL_PRTD_ SBCD_ENDDT	PARTD Subsidy Start Date	DE7050	Part D Subsidy End Date
22	MMA_EL_PRTD_ FPL_PCT	PARTD Percentage of FPL	DE7052	Part D FPL Percentage
23	MMA_EL_PRTD_ SBCD_LVL	PARTD Subsidy Level	DE7053	Part D Subsidy Level
24	MMA_EL_INCM_ USD_TDTRMN	Income Used for Determination	DE7054	Income Used for Determination
25	MMA_EL_RSRC_ LVL_PRTD	Resource Level	DE7056	Resource Level
26	MMA_EL_SBCD_ DNL	Basis of Part D subsidy denial	DE7057	Basis of Part D Subsidy Denial
27	MMA_EL_RSLT_ APPEAL	Result of an Appeal	DE7058	Result of an Appeal
28	MMA_EL_ CHNG_PRV_ DTRMN	Change to previous determination	DE7059	Change of Previous Determination
29	MMA_EL_ DTRMN_CNCLD	Determination Can-celled	DE7060	Determination Cancelled

Output Reports MR-O-121 MR-F-170 PRO Record

General Information

Monthly MARS Part D MR-F-170 PRO Record.

Subsystem:	MARS
Frequency:	Weekly/Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	Sort Utility (SORT UTL)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MR-F-170 PRO record (MR-O-121)

```
*****************************************************************
*              V I R G I N I A   M A R S                        *
*                                                               *
*  MARS MMASNCSV - MEDICARE MODERNIZATION ACT PART-D ELIGIBILITY *
*                  SEND FILE IN COMMA SEPERATED VARIBALE        *
*                  (CSV) FORMAT.                                *
*                                                               *
*  RECORD NAME         DESCRIPTION                  FMT    LEN  *
*  =================   ==========================  =====  ===  *
*  MMA-SN-HEADER-REC   CONTAINS HEADER INFORMATION  FIXED  600  *
*  MMA-SN-HEADINGS     CONTAINS COLUMN HEADINGS     FIXED  600  *
*  MMA-SN-DATA-REC     CONTAINS DATA ELEMENT        FIXED  600  *
*                                                               *
*****************************************************************
*      MAINTENANCE LOG                                          *
*                                                               *
*   DATE          PROGRAMMER          CHANGE/REASON             *
* 05/08/2009      DOUG BRIERS        RELEASE 44                 *
*                                    INITIAL CREATION           *
*                                                               *
*                                                               *
*****************************************************************


 01  MMA-SN-HEADER-REC.
     05  FILLER            PIC X(11) VALUE '1REPORT NO '.
     05  FILLER            PIC X(01) VALUE ','.
     05  MMA-HR-REP-NUM    PIC X(11) VALUE SPACES.
     05  FILLER            PIC X(01) VALUE ','.
     05  FILLER            PIC X(09) VALUE 'RUN DATE '.
     05  FILLER            PIC X(01) VALUE ','.
     05  MMA-HR-RUN-DATE   PIC X(10).
     05  FILLER            PIC X(01) VALUE ','.
     05  FILLER            PIC X(03) VALUE 'TXT'.
     05  FILLER            PIC X(01) VALUE ','.
     05  MMA-HR-COUNT      PIC Z(13).
     05  FILLER            PIC X(538) VALUE SPACES.

 01  MMA-SN-HEADINGS.
     05  FILLER   PIC X(01) VALUE ' '.
     05  FILLER   PIC X(18) VALUE 'MMA_EL_RCRD_IDNFR,'.
     05  FILLER   PIC X(14) VALUE 'MMA_EL_MMCCYY,'.
     05  FILLER   PIC X(14) VALUE 'MMA_EL_STATUS,'.
     05  FILLER   PIC X(16) VALUE 'MMA_EL_HIC_NMBR,'.
     05  FILLER   PIC X(19) VALUE 'MMA_EL_HIC_RRB_IND,'.
     05  FILLER   PIC X(11) VALUE 'MMA_EL_SSN,'.
     05  FILLER   PIC X(18) VALUE 'MMA_EL_SMA_IDNTFR,'.
     05  FILLER   PIC X(19) VALUE 'MMA_EL_RECIP_FNAME,'.
     05  FILLER   PIC X(19) VALUE 'MMA_EL_RECIP_LNAME,'.
     05  FILLER   PIC X(19) VALUE 'MMA_EL_RECIP_MNAME,'.
     05  FILLER   PIC X(22) VALUE 'MMA_EL_RECIP_SFX_NAME,'.
     05  FILLER   PIC X(11) VALUE 'MMA_EL_SEX,'.
     05  FILLER   PIC X(16) VALUE 'MMA_EL_BIRTH_DT,'.
     05  FILLER   PIC X(17) VALUE 'MMA_EL_DUAL_ELIG,'.
     05  FILLER   PIC X(15) VALUE 'MMA_EL_FPL_IND,'.
     05  FILLER   PIC X(20) VALUE 'MMA_EL_DRG_CVRG_IND,'.
     05  FILLER   PIC X(22) VALUE 'MMA_EL_INST_STATS_IND,'.
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MR-F-170 PRO record (MR-O-121)

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     05   FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_APRVD,'.
     05   FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_APRDT,'.
     05   FILLER    PIC X(22) VALUE 'MMA_EL_PRTD_SBCD_STDT,'.
     05   FILLER    PIC X(23) VALUE 'MMA_EL_PRTD_SBCD_ENDDT,'.
     05   FILLER    PIC X(20) VALUE 'MMA_EL_PRTD_FPL_PCT,'.
     05   FILLER    PIC X(21) VALUE 'MMA_EL_PRTD_SBCD_LVL,'.
     05   FILLER    PIC X(23) VALUE 'MMA_EL_INCM_USD_TDTRMN,'.
     05   FILLER    PIC X(21) VALUE 'MMA_EL_RSRC_LVL_PRTD,'.
     05   FILLER    PIC X(16) VALUE 'MMA_EL_SBCD_DNL,'.
     05   FILLER    PIC X(19) VALUE 'MMA_EL_RSLT_APPEAL,'.
     05   FILLER    PIC X(22) VALUE 'MMA_EL_CHNG_PRV_DTRMN,'.
     05   FILLER    PIC X(18) VALUE 'MMA_EL_DTRMN_CNCLD'.
     05   FILLER    PIC X(58) VALUE SPACES.

01   MMA-SN-DATA-REC.
     05   FILLER                      PIC X(01) VALUE ' '.
     05   MMA-EL-RCRD-IDNFR           PIC X(03).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-MMCCYY               PIC 9(06).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-STATUS               PIC X(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-HIC-NMBR             PIC X(15).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-HIC-RRB-IND          PIC X(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-SSN                  PIC 9(09).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-SMA-IDNTFR           PIC X(20).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-RECIP-FNAME          PIC X(12).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-RECIP-LNAME          PIC X(20).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-RECIP-MNAME          PIC X(15).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-RECIP-SFX-NAME       PIC X(04).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-SEX                  PIC X(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-BIRTH-DT             PIC 9(08).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-DUAL-ELIG            PIC 9(02).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-FPL-IND              PIC 9(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-DRG-CVRG-IND         PIC 9(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-INST-STATS-IND       PIC X(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-PRTD-SBCD-APRVD      PIC X(01).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-PRTD-SBCD-APRDT      PIC 9(08).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-PRTD-SBCD-STDT       PIC 9(08).
     05   FILLER                      PIC X(01) VALUE ','.
     05   MMA-EL-PRTD-SBCD-ENDDT      PIC 9(08).
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MR-F-170 PRO record (MR-O-121)

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05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-PRTD-FPL-PCT       PIC 9(03).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-LVL      PIC 9(03).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-INCM-USD-TDTRMN    PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-RSRC-LVL-PRTD      PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-SBCD-DNL           PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-RSLT-APPEAL        PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-CHNG-PRV-DTRMN     PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  MMA-EL-DTRMN-CNCLD        PIC X(01).
05  FILLER                    PIC X(01) VALUE ','.
05  FILLER                    PIC X(413) VALUE SPACES.
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MMA_EL_ RCRD_IDNTCD	MMA Record Iden-tification Code	DE7037	MMA Record Code Identification
2	MMA_EL_ MMCCYY	Calculated	DE0002	MMA File Creation Month and Year
3	MMA_EL_ STATUS	Medicaid Eligibility Status	DE7042	Medicaid Eligibility Status
4	MMA_EL_HIC_ NMBR	Medicare Number	DE3002	Enrollee Health Insurance Claim (HIC) Number
5	MMA_EL_HIC_ RRB_IND	MMA Recipients HIC-RRB Indicator	DE7043	MMA Recipients HIC-RRB Indicator
6	MMA_EL_SSN	Enrollee Social Security Number (SSN)	DE3034	Enrollee Social Security Number (SSN)
7	MMA_EL_SMA_ IDNTFR	Enrollee Permanent Identification Number	DE3093	Enrollee Permanent Identification Number
8	MMA_EL_ RECIP_FNAME	Enrollee First Name	DE3111	Enrollee First Name
9	MMA_EL_ RECIP_LNAME	Enrollee Last Name	DE3110	Enrollee Last Name
10	MMA_EL_ RECIP_MNAME	Enrollee Middle Initial	DE3112	Enrollee Middle Initial

11	MMA_EL_ RECIP_SFX_ NAME	Enrollee Name Suffix	DE3113	Enrollee Name Suffix
12	MMA_EL_SEX	Enrollee Sex Code	DE3007	Enrollee Sex Code
13	MMA_EL_ BIRTH_DT	Enrollee Birth Date	DE3005	Enrollee Birth Date
14	MMA_EL_DUAL_ ELIG	MARS HCFA MSIS Dual Eligible Flag	DE6042	MARS HCFA MSIS Dual Eligible Flag
15	MMA_EL_FPL_ IND	FPL Indicator Value	DE7006	FPL Indicator Value
16	MMA_EL_DRG_ CVRG_IND	Drug Coverage Indic-ator	DE7044	Drug Coverage Indicator
17	MMA_EL_INST_ STATS_IND	Institutional Status Indic-ator	DE7045	Institutional Status Indicator
18	MMA_EL_PRDT_ SBCD_APRVD	PARTD Subsidy Approved	DE7046	Part D Subsidy Approved
19	MMA_EL_PRTD_ SBCD_APRDT	PART D Subsidy Approval Date	DE7049	Part D Subsidy Approval Date
20	MMA_EL_PRTD_ SBCD_STDT	PARTD Subsidy Start Date	DE7050	Part D Subsidy Start Date
21	MMA_EL_SBCD_ ENDDT	PARTD Subsidy End Date	DE7051	Part D Subsidy End Date
22	MMA_EL_PRTD_ FPL_PCT	PARTD Percentage of FPL	DE7052	Part D Percentage of FPL
23	MMA_EL_PRTD_ SBCD_LVL	PARTD Subsidy Level	DE7053	Part D Subsidy Level
24	MMA_EL_INCM_ USD_TDTRMN	Income Used for Determination	DE7054	Income Used for Determination
25	MMA_EL_RSRC_ LVL_PRTD	Resource Level	DE7056	Resource Level
26	MMA_EL_SBCD_ DNL	Basis of Part D subsidy denial	DE7057	Basis of Part D Subsidy Denial
27	MMA_EL_RSLT_ APPEAL	Result of an Appeal	DE7058	Result of an Appeal
28	MMA_EL_ CHNG_PRV_ DTRMN	Change to previous determination	DE7059	Change to Previous Determination
29	MMA_EL_ DTRMN_CNCLD	Determination Can-celled	DE7060	Determination Cancelled

Output Reports MR-O-122 MR-F-171 DET Record

General Information

Weekly MARS Part D MR-F-171 DET Record.

Subsystem:	MARS
Frequency:	Weekly/Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	Sort Utility (SORT UTL)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MR-F-171 DET record (MR-O-122)

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*****************************************************************
*              V I R G I N I A   M A R S                        *
*                                                               *
*  MARS MMARSCSV - MEDICARE MODERNIZATION ACT PART-D ELIGIBILITY *
*                  RESPONSE FILE IN COMMA SEPERATED VARIBALE    *
*                  (CSV) FORMAT.                                *
*                                                               *
*                                                               *
*  RECORD NAME        DESCRIPTION                  FMT    LENGTH *
*  ================   ==========================   =====  ====== *
*  MMA-RS-HEADER-REC  CONTAINS HEADER INFORMATION  FIXED  10,200 *
*  MMA-RS-HEADINGS    CONTAINS COLUMN HEADINGS     FIXED  10,200 *
*  MMA-RS-DATA-REC    CONTAINS DATA ELEMENT        FIXED  10,200 *
*                                                               *
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 01  MMA-RS-HEADER-REC.
     05  FILLER              PIC X(11) VALUE '1REPORT NO '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-REP-NUM      PIC X(11) VALUE SPACES.
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(09) VALUE 'RUN DATE '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-RUN-DATE     PIC X(10).
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(03) VALUE 'TXT'.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-COUNT        PIC Z(13).
     05  FILLER              PIC X(10138) VALUE SPACES.

 01  MMA-RS-HEADINGS.
     05  FILLER PIC X(01) VALUE ' '.
     05  FILLER PIC X(18) VALUE 'MMA-EL-RCRD-IDNFR,'.
     05  FILLER PIC X(14) VALUE 'MMA-EL-MMCCYY,'.
     05  FILLER PIC X(14) VALUE 'MMA-EL-STATUS,'.
     05  FILLER PIC X(16) VALUE 'MMA-EL-HIC-NMBR,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-HIC-RRB-IND,'.
     05  FILLER PIC X(11) VALUE 'MMA-EL-SSN,'.
     05  FILLER PIC X(18) VALUE 'MMA-EL-SMA-IDNTFR,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-FNAME,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-LNAME,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-MNAME,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-RECIP-SFX-NAME,'.
     05  FILLER PIC X(11) VALUE 'MMA-EL-SEX,'.
     05  FILLER PIC X(16) VALUE 'MMA-EL-BIRTH-DT,'.
     05  FILLER PIC X(17) VALUE 'MMA-EL-DUAL-ELIG,'.
     05  FILLER PIC X(15) VALUE 'MMA-EL-FPL-IND,'.
     05  FILLER PIC X(20) VALUE 'MMA-EL-DRG-CVRG-IND,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-INST-STATS-IND,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-APRVD,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-APRDT,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-PRTD-SBCD-STDT,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-ENDDT,'.
     05  FILLER PIC X(20) VALUE 'MMA-EL-PRTD-FPL-PCT,'.
     05  FILLER PIC X(21) VALUE 'MMA-EL-PRTD-SBCD-LVL,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-INCM-USD-TDTRMN,'.
     05  FILLER PIC X(21) VALUE 'MMA-EL-RSRC-LVL-PRTD,'.
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MR-F-171 DET record (MR-O-122)

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05  FILLER PIC X(16) VALUE 'MMA-EL-SBCD-DNL,'.
05  FILLER PIC X(19) VALUE 'MMA-EL-RSLT-APPEAL,'.
05  FILLER PIC X(22) VALUE 'MMA-EL-CHNG-PRV-DTRMN,'.
05  FILLER PIC X(19) VALUE 'MMA-EL-DTRMN-CNCLD,'.
05  FILLER PIC X(09) VALUE 'FILLER01,'.
05  FILLER PIC X(15) VALUE 'MMARET-RIC-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-ELIG-MON-YEAR-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-ELIG-ST-ERC,'.
05  FILLER PIC X(15) VALUE 'MMARET-HIC-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-HIC-RRB-ERC,'.
05  FILLER PIC X(15) VALUE 'MMARET-SSN-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-ELIG-SEX-CODE-ERC,'.
05  FILLER PIC X(20) VALUE 'MMARET-ELIG-DOB-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-DUAL-ST-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-FPL-IND-ERC,'.
05  FILLER PIC X(24) VALUE 'MMARET-DRG-CVRG-IND-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-INST-ST-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-PARTD-SBSDY-APP-ERC,'.
05  FILLER PIC X(30) VALUE 'MMARET-PARTD-SBSDY-APP-DT-ERC,'.
05  FILLER PIC X(29) VALUE 'MMARET-PARTD-SNSDY-ST-DT-ERC,'.
05  FILLER PIC X(30) VALUE 'MMARET-PARTD-SBSDY-END-DT-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-PARTD-PCT-FPL-ERC,'.
05  FILLER PIC X(29) VALUE 'MMARET-PARTD-SBSDY-LEVEL-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-INCOME-USED-DET-ERC,'.
05  FILLER PIC X(26) VALUE 'MMARET-RESOURCE-LEVEL-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-PARTD-SBSDY-DNY-ERC,'.
05  FILLER PIC X(28) VALUE 'MMARET-RESULT-OF-APPEAL-ERC,'.
05  FILLER PIC X(26) VALUE 'MMARET-CHANGE-TO-PREV-DET,'.
05  FILLER PIC X(30) VALUE 'MMARET-DETERMINATION-CNCL-ERC,'.
05  FILLER PIC X(20) VALUE 'MMARET-REC-RET-CODE,'.
05  FILLER PIC X(28) VALUE 'MMARET-MCARE-PARTAB-FIND-CD,'.
05  FILLER PIC X(27) VALUE 'MMARET-MCARE-PARTD-FIND-CD,'.
05  FILLER PIC X(26) VALUE 'MMARET-BNFCRY-ACCOUNT-NUM,'.
05  FILLER PIC X(22) VALUE 'MMARET-BNFCRY-ID-CODE,'.
05  FILLER PIC X(18) VALUE 'MMARET-BNFCRY-DOB,'.
05  FILLER PIC X(18) VALUE 'MMARET-BNFCRY-DOD,'.
05  FILLER PIC X(21) VALUE 'MMARET-BNFCRY-SEX-CD,'.
05  FILLER PIC X(25) VALUE 'MMARET-BNFCRY-FIRST-NAME,'.
05  FILLER PIC X(29) VALUE 'MMARET-BNFCRY-MIDDLE-INITIAL,'.
05  FILLER PIC X(22) VALUE 'MMARET-BNFCRY-SURNAME,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM01,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE01,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM02,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE02,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM03,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE03,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM04,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE04,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM05,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE05,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM06,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE06,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM07,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE07,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM08,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE08,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM09,'.
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MR-F-171 DET record (MR-O-122)

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05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE09,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM10,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE10,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR01,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR02,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR03,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR04,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR05,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-1,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-2,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-3,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-4,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-5,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-6,'.
05  FILLER PIC X(18) VALUE 'MAIL-ADDRESS-CITY,'.
05  FILLER PIC X(16) VALUE 'MAIL-ADDRESS-ST,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-ZIP-CD,'.
05  FILLER PIC X(22) VALUE 'MAIL-ADDRESS-CHG-DATE,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-1,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-2,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-3,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-4,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-5,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-6,'.
05  FILLER PIC X(17) VALUE 'RES-ADDRESS-CITY,'.
05  FILLER PIC X(15) VALUE 'RES-ADDRESS-ST,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-ZIP-CD,'.
05  FILLER PIC X(21) VALUE 'RES-ADDRESS-CHG-DATE,'.
05  FILLER PIC X(20) VALUE 'MMARET-REP-PAYEE-SW,'.
05  FILLER PIC X(19) VALUE 'PARTA-NON-ENTIT-ST,'.
05  FILLER PIC X(19) VALUE 'PARTB-NON-ENTIT-ST,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT01,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD01,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT02,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD02,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT03,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD03,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT04,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD04,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT05,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD05,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT01,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT01,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD01,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD01,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT02,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT02,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD02,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD02,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT03,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT03,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD03,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD03,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT04,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT04,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD04,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD04,'.
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05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT05,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT05,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD05,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD05,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT01,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT01,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD01,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD01,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT02,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT02,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD02,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD02,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT03,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT03,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD03,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD03,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT04,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT04,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD04,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD04,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT05,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT05,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD05,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD05,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT01,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT01,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT02,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT02,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT03,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT03,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT04,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT04,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT05,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT05,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT01,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT01,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD01,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT02,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT02,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD02,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT03,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT03,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD03,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT01,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT01,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N001,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT02,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT02,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N002,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT03,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT03,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N003,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT04,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT04,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N004,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT05,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT05,'.
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05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N005,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT06,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT06,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N006,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT07,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT07,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N007,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT08,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT08,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N008,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT09,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT09,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N009,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT10,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT10,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-N010,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE01,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE01,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE01,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER01,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD01,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE02,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE02,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE02,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER02,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD02,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE03,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE03,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE03,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER03,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD03,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE04,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE04,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE04,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER04,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD04,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE05,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE05,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE05,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER05,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD05,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE06,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE06,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE06,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER06,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD06,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE07,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE07,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE07,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER07,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD07,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE08,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE08,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE08,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER08,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD08,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE09,'.
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05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE09,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE09,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER09,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD09,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE10,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE10,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE10,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER10,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD10,'.
05  FILLER PIC X(17) VALUE 'MMARET-ESRD-CVRG,'.
05  FILLER PIC X(21) VALUE 'MMARET-ESRD-DIALYSIS,'.
05  FILLER PIC X(23) VALUE 'MMARET-ESRD-TRANSPLANT,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD01,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD01,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD02,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD02,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD03,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD03,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD04,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD04,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD05,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD05,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD01,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD01,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD02,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD02,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD03,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD03,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD04,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD04,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD05,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD05,'.
05  FILLER PIC X(26) VALUE 'BNFC-FIRST-ELG-PARTD-DATE,'.
05  FILLER PIC X(24) VALUE 'BNFC-AFFIRM-DECLINE-IND,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE01,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL01,'.
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05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT01,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE02,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL02,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT02,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT02,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE03,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL03,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT03,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT03,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE04,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL04,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT04,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT04,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE05,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL05,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT05,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT05,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE06,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL06,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT06,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT06,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE07,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL07,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT07,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT07,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE08,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL08,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT08,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT08,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE09,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL09,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT09,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT09,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE10,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL10,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT10,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT10,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N001,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT01,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT01,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID01,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND01,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N002,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT02,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT02,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID02,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND02,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N003,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT03,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT03,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID03,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND03,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N004,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT04,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT04,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID04,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND04,'.
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05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N005,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT05,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT05,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID05,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND05,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N006,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT06,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT06,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID06,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND06,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N007,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT07,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT07,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID07,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND07,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N008,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT08,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT08,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID08,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND08,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N009,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT09,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT09,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID09,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND09,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-N010,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT10,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT10,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID10,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND10,'.
05  FILLER PIC X(22) VALUE 'MMARET-PARTC-ORG-NAME,'.
05  FILLER PIC X(23) VALUE 'MMARET-PARTC-PLAN-NAME,'.
05  FILLER PIC X(22) VALUE 'MMARET-PARTD-ORG-NAME,'.
05  FILLER PIC X(23) VALUE 'MMARET-PARTD-PLAN-NAME,'.
05  FILLER PIC X(26) VALUE 'MMARET-PARTD-ORG-PLN-BNFT,'.
05  FILLER PIC X(21) VALUE 'MMARET-BNFC-LANG-IND,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND01,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND02,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND03,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND04,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND05,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND06,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND07,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND08,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND09,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND10,'.
05  FILLER PIC X(25) VALUE 'MMARET-INCARC-START-DATE,'.
05  FILLER PIC X(23) VALUE 'MMARET-INCARC-END-DATE,'.
05  FILLER PIC X(09) VALUE 'FILLER02,'.
05  FILLER PIC X(19) VALUE 'PREV-MNTH-SPD-CODE,'.
05  FILLER PIC X(21) VALUE 'ALTR-BNFC-MATCH-CODE,'.
05  FILLER PIC X(20) VALUE 'DAILY-SPD-CALC-CODE,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE01,'.
05  FILLER PIC X(15) VALUE 'RDS-END-DATE01,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE02,'.
05  FILLER PIC X(15) VALUE 'RDS-END-DATE02,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE03,'.
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     05   FILLER PIC X(15) VALUE 'RDS-END-DATE03,'.
     05   FILLER PIC X(17) VALUE 'RDS-START-DATE04,'.
     05   FILLER PIC X(15) VALUE 'RDS-END-DATE04,'.
     05   FILLER PIC X(17) VALUE 'RDS-START-DATE05,'.
     05   FILLER PIC X(15) VALUE 'RDS-END-DATE05,'.
     05   FILLER PIC X(09) VALUE 'FILLER03,'.
     05   FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE01,'.
     05   FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE01,'.
     05   FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE02,'.
     05   FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE02,'.
     05   FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE03,'.
     05   FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE03,'.
     05   FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE04,'.
     05   FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE04,'.
     05   FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE05,'.
     05   FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE05,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL01,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE01,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL02,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE02,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL03,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE03,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL04,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE04,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL05,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE05,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL06,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE06,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL07,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE07,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL08,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE08,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL09,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE09,'.
     05   FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL10,'.
     05   FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE10,'.
     05   FILLER PIC X(08) VALUE 'FILLER05'.
     05   FILLER PIC X(160).

01   MMA-RS-DATA-REC.
     05   FILLER                          PIC X(01).
     05   MMA-EL-RCRD-IDNFR               PIC X(03).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-MMCCYY                   PIC X(06).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-STATUS                   PIC X(01).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-HIC-NMBR                 PIC X(15).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-HIC-RRB-IND              PIC X(01).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-SSN                      PIC X(09).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-SMA-IDNTFR               PIC X(20).
     05   FILLER                          PIC X(01) VALUE ','.
     05   MMA-EL-RECIP-FNAME              PIC X(12).
     05   FILLER                          PIC X(01) VALUE ','.
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05  MMA-EL-RECIP-LNAME              PIC X(20).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RECIP-MNAME              PIC X(15).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RECIP-SFX-NAME           PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-SEX                      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-BIRTH-DT                 PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DUAL-ELIG                PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-FPL-IND                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DRG-CVRG-IND             PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-INST-STATS-IND           PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-APRVD          PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-APRDT          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-STDT           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-ENDDT          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-FPL-PCT             PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-LVL            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-INCM-USD-TDTRMN          PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RSRC-LVL-PRTD            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-SBCD-DNL                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RSLT-APPEAL              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-CHNG-PRV-DTRMN           PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DTRMN-CNCLD              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(23).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RIC-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-MON-YEAR-ERC        PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-HIC-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-HIC-RRB-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-SSN-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-SEX-CODE-ERC        PIC X(02).
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05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-DOB-ERC             PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DUAL-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-FPL-IND-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DRG-CVRG-IND-ERC         PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INST-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-APP-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-APP-DT-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SNSDY-ST-DT-ERC    PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-END-DT-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-PCT-FPL-ERC        PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-LEVEL-ERC    PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INCOME-USED-DET-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RESOURCE-LEVEL-ERC       PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-DNY-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RESULT-OF-APPEAL-ERC     PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-CHANGE-TO-PREV-DET       PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DETERMINATION-CNCL-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-REC-RET-CODE             PIC X(06).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-MCARE-PARTAB-FIND-CD     PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-MCARE-PARTD-FIND-CD      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-ACCOUNT-NUM       PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-ID-CODE           PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-DOB               PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-DOD               PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-SEX-CD            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-FIRST-NAME        PIC X(30).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-MIDDLE-INITIAL    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-SURNAME           PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
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05   BNFC-CLAIM-ACCT-NUM01          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE01                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM02          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE02                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM03          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE03                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM04          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE04                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM05          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE05                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM06          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE06                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM07          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE07                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM08          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE08                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM09          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE09                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-CLAIM-ACCT-NUM10          PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-ID-CODE10                 PIC X(02).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFCRY-SSN-OCCUR01             PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFCRY-SSN-OCCUR02             PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFCRY-SSN-OCCUR03             PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFCRY-SSN-OCCUR04             PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFCRY-SSN-OCCUR05             PIC X(09).
05   FILLER                         PIC X(01) VALUE ','.
05   MAIL-ADDRESS-LINE-1            PIC X(40).
05   FILLER                         PIC X(01) VALUE ','.
05   MAIL-ADDRESS-LINE-2            PIC X(40).
05   FILLER                         PIC X(01) VALUE ','.
05   MAIL-ADDRESS-LINE-3            PIC X(40).
05   FILLER                         PIC X(01) VALUE ','.
05   MAIL-ADDRESS-LINE-4            PIC X(40).
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05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-5             PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-6             PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-CITY               PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-ST                 PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-ZIP-CD             PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-CHG-DATE           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-1              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-2              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-3              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-4              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-5              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-6              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-CITY                PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-ST                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-ZIP-CD              PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-CHG-DATE            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-REP-PAYEE-SW             PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-NON-ENTIT-ST              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-NON-ENTIT-ST              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT01        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD01                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT02        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD02                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT03        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD03                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT04        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD04                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT05        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
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05  ENTIT-RSN-CD05                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT01          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT01            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT02          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT02            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT03          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT03            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT04          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT04            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT05          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT05            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT01          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT01            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT02          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT02            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD02         PIC X(01).
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05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT03          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT03            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT04          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT04            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT05          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT05            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT04       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT05       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD01    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD02    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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05  DISABILITY-INS-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD03    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT01             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N001        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT02             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N002        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT03           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT03             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N003        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N004        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N005        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT06           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT06             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N006        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT07           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT07             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N007        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT08           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT08             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-N008        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT09           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT09             PIC X(08).
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05   FILLER                          PIC X(01) VALUE ','.
05   GROUP-HLTH-CONTRACT-N009        PIC X(05).
05   FILLER                          PIC X(01) VALUE ','.
05   GROUP-HLTH-START-DT10           PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GROUP-HLTH-END-DT10             PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GROUP-HLTH-CONTRACT-N010        PIC X(05).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE01        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE01       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE01         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER01           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD01      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE02        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE02       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE02         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER02           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD02      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE03        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE03       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE03         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER03           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD03      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE04        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE04       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE04         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER04           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD04      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE05        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE05       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE05         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER05           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
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05   GRP-PLAN-PKG-CVRG-TYP-CD05      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE06        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE06       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE06         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER06           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD06      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE07        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE07       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE07         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER07           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD07      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE08        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE08       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE08         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER08           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD08      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE09        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE09       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE09         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER09           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD09      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-ENRL-EFF-DATE10        PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-START-DATE10       PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-END-DATE10         PIC X(08).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-NUMBER10           PIC X(03).
05   FILLER                          PIC X(01) VALUE ','.
05   GRP-PLAN-PKG-CVRG-TYP-CD10      PIC X(02).
05   FILLER                          PIC X(01) VALUE ','.
05   MMARET-ESRD-CVRG                PIC X(17).
05   FILLER                          PIC X(01) VALUE ','.
05   MMARET-ESRD-DIALYSIS            PIC X(16).
05   FILLER                          PIC X(01) VALUE ','.
05   MMARET-ESRD-TRANSPLANT          PIC X(16).
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05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE01             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD01        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE02             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD02        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE03           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD03        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE03             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD03        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD04        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD04        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD05        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD05        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD01        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD02        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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05   TP-PARTB-START-DATE03          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-PREM-PAYER-CD03       PIC X(03).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-TERMINATION-DT03      PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-BUYIN-ELIG-CD03       PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-START-DATE04          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-PREM-PAYER-CD04       PIC X(03).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-TERMINATION-DT04      PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-BUYIN-ELIG-CD04       PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-START-DATE05          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-PREM-PAYER-CD05       PIC X(03).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-TERMINATION-DT05      PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   TP-PARTB-BUYIN-ELIG-CD05       PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-FIRST-ELG-PARTD-DATE      PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-AFFIRM-DECLINE-IND        PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-LIS-TYPE01                PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-LEVEL01             PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-START-DT01          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-END-DT01            PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-LIS-TYPE02                PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-LEVEL02             PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-START-DT02          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-END-DT02            PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-LIS-TYPE03                PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-LEVEL03             PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-START-DT03          PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-END-DT03            PIC X(08).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-LIS-TYPE04                PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-LEVEL04             PIC X(01).
05   FILLER                         PIC X(01) VALUE ','.
05   BNFC-COPAY-START-DT04          PIC X(08).
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05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE05                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL05              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE06                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL06              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT06           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT06             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE07                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL07              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT07           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT07             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE08                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL08              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT08           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT08             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE09                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL09              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT09           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT09             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE10                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL10              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT10           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT10             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO01              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
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05  BNFC-PARTD-PBP-PLAN-ID01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND01      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO02              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND02      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO03              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID03        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND03      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO04              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT04       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID04        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND04      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO05              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT05       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID05        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND05      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO06              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT06       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT06         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID06        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND06      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO07              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT07       PIC X(08).
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MR-F-171 DET record (MR-O-122)

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05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT07         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID07        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND07      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO08              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT08       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT08         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID08        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND08      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO09              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT09       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT09         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID09        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND09      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO10              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT10       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT10         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID10        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND10      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTC-ORG-NAME           PIC X(55).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTC-PLAN-NAME          PIC X(50).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-ORG-NAME           PIC X(55).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-PLAN-NAME          PIC X(50).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-ORG-PLN-BNFT       PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFC-LANG-IND            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND01                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND02                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND03                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND04                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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MR-F-171 DET record (MR-O-122)

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05   BNFC-SNP-IND05                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   BNFC-SNP-IND06                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   BNFC-SNP-IND07                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   BNFC-SNP-IND08                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   BNFC-SNP-IND09                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   BNFC-SNP-IND10                    PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   MMARET-INCARC-START-DATE          PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   MMARET-INCARC-END-DATE            PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   FILLER                            PIC X(11).
05   FILLER                            PIC X(01) VALUE ','.
05   PREV-MNTH-SPD-CODE                PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   ALTR-BNFC-MATCH-CODE              PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   DAILY-SPD-CALC-CODE               PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-START-DATE01                  PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-END-DATE01                    PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-START-DATE02                  PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-END-DATE02                    PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-START-DATE03                  PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-END-DATE03                    PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-START-DATE04                  PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-END-DATE04                    PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-START-DATE05                  PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   RDS-END-DATE05                    PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   FILLER                            PIC X(01).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-START-DATE01           PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-END-DATE01             PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-START-DATE02           PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-END-DATE02             PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-START-DATE03           PIC X(08).
05   FILLER                            PIC X(01) VALUE ','.
05   PARTD-ELIG-END-DATE03             PIC X(08).
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MR-F-171 DET record (MR-O-122)

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05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL01            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE01               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL02            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE02               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL03            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE03               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL04            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE04               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL05            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE05               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL06            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE06               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL07            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE07               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL08            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE08               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL09            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE09               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL10            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE10               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(6626).
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MMA Record Identification Code	MMA Record Identification Code	DE7037	
2	CREATE-MM	MMA File Creation Month	DE7040	
3	CREATE-CCYY	MMA File Creation Year	DE7041	
4	EL-STATUS	Medicaid Eligibility Status	DE7042	
5	HIC-RRB-IND	MMA Recipients HIC-RRB Indicator	DE7043	
6	EL-SSN	Enrollee Social Security Number (SSN)	DE3034	
7	EL-SMA-IDNTFR	Enrollee Permanent Identification Number	DE3093	
8	RECIP-FNAME	Enrollee First Name	DE3111	
9	RECIP-LNAME	Enrollee Last Name	DE3110	
10	RECIP-MNAME	Enrollee Middle Initial	DE3112	
11	RECIP-SFX-NAME	Enrollee Name Suffix	DE3113	
12	EL-SEX	Enrollee Sex Code	DE3007	
13	EL-BIRTH-DT	Enrollee Birth Date	DE3005	
14	DUAL-ELIG	MARS HCFA MSIS Dual Eligible Flag	DE6042	
15	FPL-IND	FPL Indicator Value	DE7006	
16	DRG-CVRG-IND	Drug Coverage Indicator	DE7044	
17	INST-STATS-IND	Institutional Status Indicator	DE7045	
18	PRTD-SBCD-APRVD	PARTD Subsidy Approved	DE7046	
19	PRTD-SBCD-APRDT	PART D Subsidy Approval Date	DE7049	
20	PRTD-SBCD-STDT	PARTD Subsidy Start Date	DE7050	
21	PRTD-SBCD-ENDDT	PARTD Subsidy End Date	DE7051	
22	PRTD-FPL-PCT	PARTD Percentage of FPL	DE7052	

23	PRTD-SBCD-LVL	PARTD Subsidy Level	DE7053	
24	INCM-USD-TDTRMN	Income Used for Determination	DE7054	
25	RSRC-LVL-PRTD	Resource Level	DE7056	
26	SBCD-DNL	Basis of Part D subsidy denial	DE7057	
27	RSLT-APPEAL	Result of an Appeal	DE7058	
28	CHNG-PRV-DTRMN	Change to previous determination	DE7059	
29	DTRMN-CNCLD	Determination Cancelled	DE7060	
30	BENE-RCRD-COUNT	Number of Recipient Records Present in the MMA file	DE7039	
31	RET-CODE	CMS Error code	DE7064	
32	PARTD-SBSDY-APP-ERC		DE0000	
33	PARTD-SBSDY-APP-DT-ERC		DE0000	
34	PARTD-SNSDY-ST-DT-ERC		DE0000	
35	PARTD-SBSDY-END-DT-ERC		DE0000	
36	PARTD-PCT-FPL-ERC		DE0000	
37	PARTD-SBSDY-LEVEL-ERC		DE0000	
38	INCOME-USED-DET-ERC		DE0000	
39	RESOURCE-LEVEL-ERC		DE0000	
40	PARTD-SBSDY-DNY-ERC		DE0000	
41	RESULT-OF-APPEAL-ERC		DE0000	
42	CHANGE-TO-PREV-DET		DE0000	
43	DETERMINATION-CNCL-ERC		DE0000	
44	REC-RET-CODE	CMS record return code	DE7065	
45	MCARE-PARTAB-		DE0000	

	FIND-CD			
46	MCARE-PARTD-FIND-CD		DE0000	
47	BNFCRY-ACCOUNT-NUM		DE0000	
48	BNFCRY-ID-CODE		DE0000	
49	BNFCRY-DOB		DE0000	
50	BNFCRY-DOD		DE0000	
51	BNFCRY-SEX-CD		DE0000	
52	BNFCRY-FIRST-NAME		DE0000	
53	BNFCRY-MIDDLE-INITIAL		DE0000	
54	BNFCRY-SURNAME		DE0000	
55	BNFC-CLAIM-ACCT-NUM		DE0000	
56	BNFC-ID-CODE		DE0000	
57	BNFCRY-SSN-OCCUR		DE0000	
58	MAIL-ADDRESS-LINE-1		DE0000	
59	MAIL-ADDRESS-LINE-2		DE0000	
60	MAIL-ADDRESS-LINE-3		DE0000	
61	MAIL-ADDRESS-LINE-4		DE0000	
62	MAIL-ADDRESS-LINE-5		DE0000	
63	MAIL-ADDRESS-LINE-6		DE0000	
64	MAIL-ADDRESS-CITY		DE0000	
65	MAIL-ADDRESS-ST		DE0000	
66	MAIL-ADDRESS-ZIP-CD		DE0000	
67	MAIL-ADDRESS-CHG-DATE		DE0000	
68	RES-ADDRESS-		DE0000	

	LINE-1			
69	RES-ADDRESS-LINE-2		DE0000	
70	RES-ADDRESS-LINE-3		DE0000	
71	RES-ADDRESS-LINE-4		DE0000	
72	RES-ADDRESS-LINE-5		DE0000	
73	RES-ADDRESS-LINE-6		DE0000	
74	RES-ADDRESS-CITY		DE0000	
75	RES-ADDRESS-ST		DE0000	
76	RES-ADDRESS-ZIP-CD		DE0000	
77	RES-ADDRESS-CHG-DATE		DE0000	
78	REP-PAYEE-SW		DE0000	
79	PARTA-NON-ENTIT-ST		DE0000	
80	PARTB-NON-ENTIT-ST		DE0000	
81	ENTIT-RSN-CD-CHANGE-DT		DE0000	
82	ENTIT-RSN-CD		DE0000	
83	PARTA-ENTIT-START-DT		DE0000	
84	PARTA-ENTIT-END-DT		DE0000	
85	PARTA-ENTIT-REASON-CD		DE0000	
86	PARTA-ENTIT-STATUS-CD		DE0000	
87	PARTB-ENTIT-START-DT		DE0000	
88	PARTB-ENTIT-END-DT		DE0000	
89	PARTB-ENTIT-REASON-CD		DE0000	
90	PARTB-ENTIT-		DE0000	

	STATUS-CD			
91	HOSPICE-COVERG-START-DT		DE0000	
92	HOSPICE-COVERG-END-DT		DE0000	
93	DISABILITY-INS-START-DT		DE0000	
94	DISABILITY-INS-END-DT		DE0000	
95	DISABILITY-INS-DT-JURIS-CD		DE0000	
96	GROUP-HLTH-START-DT		DE0000	
97	GROUP-HLTH-END-DT		DE0000	
98	GROUP-HLTH-CONTRACT-NO		DE0000	
99	GRP-PLAN-ENRL-EFF-DATE		DE0000	
100	GRP-PLAN-PKG-START-DATE		DE0000	
101	GRP-PLAN-PKG-END-DATE		DE0000	
102	GRP-PLAN-PKG-NUMBER		DE0000	
103	GRP-PLAN-PKG-CVRG-TYP-CD		DE0000	
104	MMARET-ESRD-CVRG		DE0000	
105	MMARET-ESRD-DIALYSIS		DE0000	
106	MMARET-ESRD-TRANSPLANT		DE0000	
107	TP-PARTA-START-DATE		DE0000	
108	TP-PARTA-PREM-PAYER-CD		DE0000	
109	TP-PARTA-END-DATE		DE0000	
110	TP-PARTA-BUYIN-ELIG-CD		DE0000	

111	TP-PARTB-START-DATE		DE0000	
112	TP-PARTB-PREM-PAYER-CD		DE0000	
113	TP-PARTB-TERMINATION-DT		DE0000	
114	TP-PARTB-BUYIN-ELIG-CD		DE0000	
115	BNFC-FIRST-ELG-PARTD-DATE	CMS Part-D begin date	DE7066	
116	BNFC-AFFIRM-DECLINE-IND	CMS Part-D affirm decline ind	DE7077	
117	BNFC-LIS-TYPE		DE0000	
118	BNFC-COPAY-LEVEL		DE0000	
119	BNFC-COPAY-START-DT		DE0000	
120	BNFC-COPAY-END-DT		DE0000	
121	BNFC-CONTRACT-NO		DE0000	
122	BNFC-PARTD-PBP-START-DT		DE0000	
123	BNFC-PARTD-PBP-END-DT		DE0000	
124	BNFC-PARTD-PBP-PLAN-ID		DE0000	
125	BNFC-PARTD-ENRL-TYPE-IND		DE0000	
126	PARTC-ORG-NAME		DE0000	PARTC-ORG-NAME
127	PARTC-PLAN-NAME		DE0000	PARTC-PLAN-NAME
128	PARTD-ORG-NAME		DE0000	PARTD-ORG-NAME
129	PARTD-PLAN-NAME		DE0000	PARTD-PLAN-NAME
130	PARTD-ORG-PLN-BNFT		DE0000	PARTD-ORG-PLN-BNFT
131	BNFC-LANG-IND		DE0000	BNFC-LANG-IND
132	BNFC-SNP-IND		DE0000	BNFC-SNP-IND
133	INCARC-START-		DE0000	INCARCERATION START DATE

	DATE			
134	INCARC-END-DATE		DE0000	INCARCERATION END DATE
135	PREV-MNTH-SPD-CODE		DE0000	PREV-MNTH-SPD-CODE
136	ALTR-BNFC-MATCH-CODE		DE0000	ALTR-BNFC-MATCH-CODE
137	DAILY-SPD-CALC-CODE		DE0000	DAILY-SPD-CALC-CODE
138	RDS-START-DATE		DE0000	RDS-START-DATE
139	RDS-END-DATE		DE0000	RDS-END-DATE
140	PARTD-ELIG-START-DATE		DE0000	PARTD-ELIG-START-DATE
141	PARTD-ELIG-END-DATE		DE0000	PARTD-ELIG-END-DATE
142	BNFC-SUBSIDY-LEVEL		DE0000	BNFC-SUBSIDY-LEVEL
143	LIS-DEEM-SOURCE		DE0000	LIS-DEEM-SOURCE

Output Reports MR-O-123 MR-F-171 PRO Record

General Information

Weekly MARS Part D MR-F-171 PRO Record.

Subsystem:	MARS
Frequency:	Weekly/Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	Sort Utility (SORT UTL)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MR-F-171 PRO record (MR-O-123)

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*****************************************************************
*              V I R G I N I A   M A R S                        *
*                                                               *
*  MARS MMARSCSV - MEDICARE MODERNIZATION ACT PART-D ELIGIBILITY *
*                  RESPONSE FILE IN COMMA SEPERATED VARIBALE    *
*                  (CSV) FORMAT.                                *
*                                                               *
*                                                               *
*  RECORD NAME        DESCRIPTION                  FMT    LENGTH *
*  ================   ==========================   =====  ====== *
*  MMA-RS-HEADER-REC  CONTAINS HEADER INFORMATION  FIXED  10,200 *
*  MMA-RS-HEADINGS    CONTAINS COLUMN HEADINGS     FIXED  10,200 *
*  MMA-RS-DATA-REC    CONTAINS DATA ELEMENT        FIXED  10,200 *
*                                                               *
*****************************************************************


 01  MMA-RS-HEADER-REC.
     05  FILLER              PIC X(11) VALUE '1REPORT NO '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-REP-NUM      PIC X(11) VALUE SPACES.
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(09) VALUE 'RUN DATE '.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-RUN-DATE     PIC X(10).
     05  FILLER              PIC X(01) VALUE ','.
     05  FILLER              PIC X(03) VALUE 'TXT'.
     05  FILLER              PIC X(01) VALUE ','.
     05  MMA-HR-COUNT        PIC Z(13).
     05  FILLER              PIC X(10138) VALUE SPACES.

 01  MMA-RS-HEADINGS.
     05  FILLER PIC X(01) VALUE ' '.
     05  FILLER PIC X(18) VALUE 'MMA-EL-RCRD-IDNFR,'.
     05  FILLER PIC X(14) VALUE 'MMA-EL-MMCCYY,'.
     05  FILLER PIC X(14) VALUE 'MMA-EL-STATUS,'.
     05  FILLER PIC X(16) VALUE 'MMA-EL-HIC-NMBR,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-HIC-RRB-IND,'.
     05  FILLER PIC X(11) VALUE 'MMA-EL-SSN,'.
     05  FILLER PIC X(18) VALUE 'MMA-EL-SMA-IDNTFR,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-FNAME,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-LNAME,'.
     05  FILLER PIC X(19) VALUE 'MMA-EL-RECIP-MNAME,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-RECIP-SFX-NAME,'.
     05  FILLER PIC X(11) VALUE 'MMA-EL-SEX,'.
     05  FILLER PIC X(16) VALUE 'MMA-EL-BIRTH-DT,'.
     05  FILLER PIC X(17) VALUE 'MMA-EL-DUAL-ELIG,'.
     05  FILLER PIC X(15) VALUE 'MMA-EL-FPL-IND,'.
     05  FILLER PIC X(20) VALUE 'MMA-EL-DRG-CVRG-IND,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-INST-STATS-IND,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-APRVD,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-APRDT,'.
     05  FILLER PIC X(22) VALUE 'MMA-EL-PRTD-SBCD-STDT,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-PRTD-SBCD-ENDDT,'.
     05  FILLER PIC X(20) VALUE 'MMA-EL-PRTD-FPL-PCT,'.
     05  FILLER PIC X(21) VALUE 'MMA-EL-PRTD-SBCD-LVL,'.
     05  FILLER PIC X(23) VALUE 'MMA-EL-INCM-USD-TDTRMN,'.
     05  FILLER PIC X(21) VALUE 'MMA-EL-RSRC-LVL-PRTD,'.
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05  FILLER PIC X(16) VALUE 'MMA-EL-SBCD-DNL,'.
05  FILLER PIC X(19) VALUE 'MMA-EL-RSLT-APPEAL,'.
05  FILLER PIC X(22) VALUE 'MMA-EL-CHNG-PRV-DTRMN,'.
05  FILLER PIC X(19) VALUE 'MMA-EL-DTRMN-CNCLD,'.
05  FILLER PIC X(09) VALUE 'FILLER01,'.
05  FILLER PIC X(15) VALUE 'MMARET-RIC-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-ELIG-MON-YEAR-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-ELIG-ST-ERC,'.
05  FILLER PIC X(15) VALUE 'MMARET-HIC-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-HIC-RRB-ERC,'.
05  FILLER PIC X(15) VALUE 'MMARET-SSN-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-ELIG-SEX-CODE-ERC,'.
05  FILLER PIC X(20) VALUE 'MMARET-ELIG-DOB-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-DUAL-ST-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-FPL-IND-ERC,'.
05  FILLER PIC X(24) VALUE 'MMARET-DRG-CVRG-IND-ERC,'.
05  FILLER PIC X(19) VALUE 'MMARET-INST-ST-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-PARTD-SBSDY-APP-ERC,'.
05  FILLER PIC X(30) VALUE 'MMARET-PARTD-SBSDY-APP-DT-ERC,'.
05  FILLER PIC X(29) VALUE 'MMARET-PARTD-SNSDY-ST-DT-ERC,'.
05  FILLER PIC X(30) VALUE 'MMARET-PARTD-SBSDY-END-DT-ERC,'.
05  FILLER PIC X(25) VALUE 'MMARET-PARTD-PCT-FPL-ERC,'.
05  FILLER PIC X(29) VALUE 'MMARET-PARTD-SBSDY-LEVEL-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-INCOME-USED-DET-ERC,'.
05  FILLER PIC X(26) VALUE 'MMARET-RESOURCE-LEVEL-ERC,'.
05  FILLER PIC X(27) VALUE 'MMARET-PARTD-SBSDY-DNY-ERC,'.
05  FILLER PIC X(28) VALUE 'MMARET-RESULT-OF-APPEAL-ERC,'.
05  FILLER PIC X(26) VALUE 'MMARET-CHANGE-TO-PREV-DET,'.
05  FILLER PIC X(30) VALUE 'MMARET-DETERMINATION-CNCL-ERC,'.
05  FILLER PIC X(20) VALUE 'MMARET-REC-RET-CODE,'.
05  FILLER PIC X(28) VALUE 'MMARET-MCARE-PARTAB-FIND-CD,'.
05  FILLER PIC X(27) VALUE 'MMARET-MCARE-PARTD-FIND-CD,'.
05  FILLER PIC X(26) VALUE 'MMARET-BNFCRY-ACCOUNT-NUM,'.
05  FILLER PIC X(22) VALUE 'MMARET-BNFCRY-ID-CODE,'.
05  FILLER PIC X(18) VALUE 'MMARET-BNFCRY-DOB,'.
05  FILLER PIC X(18) VALUE 'MMARET-BNFCRY-DOD,'.
05  FILLER PIC X(21) VALUE 'MMARET-BNFCRY-SEX-CD,'.
05  FILLER PIC X(25) VALUE 'MMARET-BNFCRY-FIRST-NAME,'.
05  FILLER PIC X(29) VALUE 'MMARET-BNFCRY-MIDDLE-INITIAL,'.
05  FILLER PIC X(22) VALUE 'MMARET-BNFCRY-SURNAME,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM01,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE01,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM02,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE02,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM03,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE03,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM04,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE04,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM05,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE05,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM06,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE06,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM07,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE07,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM08,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE08,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM09,'.
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05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE09,'.
05  FILLER PIC X(22) VALUE 'BNFC-CLAIM-ACCT-NUM10,'.
05  FILLER PIC X(15) VALUE 'BNFC-ID-CODE10,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR01,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR02,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR03,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR04,'.
05  FILLER PIC X(19) VALUE 'BNFCRY-SSN-OCCUR05,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-1,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-2,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-3,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-4,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-5,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-LINE-6,'.
05  FILLER PIC X(18) VALUE 'MAIL-ADDRESS-CITY,'.
05  FILLER PIC X(16) VALUE 'MAIL-ADDRESS-ST,'.
05  FILLER PIC X(20) VALUE 'MAIL-ADDRESS-ZIP-CD,'.
05  FILLER PIC X(22) VALUE 'MAIL-ADDRESS-CHG-DATE,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-1,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-2,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-3,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-4,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-5,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-LINE-6,'.
05  FILLER PIC X(17) VALUE 'RES-ADDRESS-CITY,'.
05  FILLER PIC X(15) VALUE 'RES-ADDRESS-ST,'.
05  FILLER PIC X(19) VALUE 'RES-ADDRESS-ZIP-CD,'.
05  FILLER PIC X(21) VALUE 'RES-ADDRESS-CHG-DATE,'.
05  FILLER PIC X(20) VALUE 'MMARET-REP-PAYEE-SW,'.
05  FILLER PIC X(19) VALUE 'PARTA-NON-ENTIT-ST,'.
05  FILLER PIC X(19) VALUE 'PARTB-NON-ENTIT-ST,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT01,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD01,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT02,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD02,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT03,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD03,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT04,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD04,'.
05  FILLER PIC X(25) VALUE 'ENTIT-RSN-CD-CHANGE-DT05,'.
05  FILLER PIC X(15) VALUE 'ENTIT-RSN-CD05,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT01,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT01,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD01,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD01,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT02,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT02,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD02,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD02,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT03,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT03,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD03,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD03,'.
05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT04,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT04,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD04,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD04,'.
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05  FILLER PIC X(23) VALUE 'PARTA-ENTIT-START-DT05,'.
05  FILLER PIC X(21) VALUE 'PARTA-ENTIT-END-DT05,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-REASON-CD05,'.
05  FILLER PIC X(24) VALUE 'PARTA-ENTIT-STATUS-CD05,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT01,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT01,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD01,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD01,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT02,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT02,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD02,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD02,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT03,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT03,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD03,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD03,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT04,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT04,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD04,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD04,'.
05  FILLER PIC X(23) VALUE 'PARTB-ENTIT-START-DT05,'.
05  FILLER PIC X(21) VALUE 'PARTB-ENTIT-END-DT05,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-REASON-CD05,'.
05  FILLER PIC X(24) VALUE 'PARTB-ENTIT-STATUS-CD05,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT01,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT01,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT02,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT02,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT03,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT03,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT04,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT04,'.
05  FILLER PIC X(26) VALUE 'HOSPICE-COVERG-START-DT05,'.
05  FILLER PIC X(24) VALUE 'HOSPICE-COVERG-END-DT05,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT01,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT01,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD01,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT02,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT02,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD02,'.
05  FILLER PIC X(26) VALUE 'DISABILITY-INS-START-DT03,'.
05  FILLER PIC X(24) VALUE 'DISABILITY-INS-END-DT03,'.
05  FILLER PIC X(29) VALUE 'DISABILITY-INS-DT-JURIS-CD03,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT01,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT01,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO01,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT02,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT02,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO02,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT03,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT03,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO03,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT04,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT04,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO04,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT05,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT05,'.
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05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO05,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT06,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT06,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO06,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT07,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT07,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO07,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT08,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT08,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO08,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT09,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT09,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO09,'.
05  FILLER PIC X(22) VALUE 'GROUP-HLTH-START-DT10,'.
05  FILLER PIC X(20) VALUE 'GROUP-HLTH-END-DT10,'.
05  FILLER PIC X(25) VALUE 'GROUP-HLTH-CONTRACT-NO10,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE01,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE01,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE01,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER01,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD01,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE02,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE02,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE02,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER02,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD02,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE03,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE03,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE03,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER03,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD03,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE04,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE04,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE04,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER04,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD04,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE05,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE05,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE05,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER05,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD05,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE06,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE06,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE06,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER06,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD06,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE07,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE07,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE07,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER07,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD07,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE08,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE08,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE08,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER08,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD08,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE09,'.
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05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE09,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE09,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER09,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD09,'.
05  FILLER PIC X(25) VALUE 'GRP-PLAN-ENRL-EFF-DATE10,'.
05  FILLER PIC X(26) VALUE 'GRP-PLAN-PKG-START-DATE10,'.
05  FILLER PIC X(24) VALUE 'GRP-PLAN-PKG-END-DATE10,'.
05  FILLER PIC X(22) VALUE 'GRP-PLAN-PKG-NUMBER10,'.
05  FILLER PIC X(27) VALUE 'GRP-PLAN-PKG-CVRG-TYP-CD10,'.
05  FILLER PIC X(17) VALUE 'MMARET-ESRD-CVRG,'.
05  FILLER PIC X(21) VALUE 'MMARET-ESRD-DIALYSIS,'.
05  FILLER PIC X(23) VALUE 'MMARET-ESRD-TRANSPLANT,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD01,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD01,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD02,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD02,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD03,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD03,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD04,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD04,'.
05  FILLER PIC X(22) VALUE 'TP-PARTA-START-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-PREM-PAYER-CD05,'.
05  FILLER PIC X(20) VALUE 'TP-PARTA-END-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTA-BUYIN-ELIG-CD05,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD01,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT01,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD01,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD02,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT02,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD02,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD03,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT03,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD03,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD04,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT04,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD04,'.
05  FILLER PIC X(22) VALUE 'TP-PARTB-START-DATE05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-PREM-PAYER-CD05,'.
05  FILLER PIC X(26) VALUE 'TP-PARTB-TERMINATION-DT05,'.
05  FILLER PIC X(25) VALUE 'TP-PARTB-BUYIN-ELIG-CD05,'.
05  FILLER PIC X(26) VALUE 'BNFC-FIRST-ELG-PARTD-DATE,'.
05  FILLER PIC X(24) VALUE 'BNFC-AFFIRM-DECLINE-IND,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE01,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL01,'.
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05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT01,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE02,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL02,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT02,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT02,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE03,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL03,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT03,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT03,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE04,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL04,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT04,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT04,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE05,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL05,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT05,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT05,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE06,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL06,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT06,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT06,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE07,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL07,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT07,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT07,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE08,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL08,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT08,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT08,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE09,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL09,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT09,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT09,'.
05  FILLER PIC X(16) VALUE 'BNFC-LIS-TYPE10,'.
05  FILLER PIC X(19) VALUE 'BNFC-COPAY-LEVEL10,'.
05  FILLER PIC X(22) VALUE 'BNFC-COPAY-START-DT10,'.
05  FILLER PIC X(20) VALUE 'BNFC-COPAY-END-DT10,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO01,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT01,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT01,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID01,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND01,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO02,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT02,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT02,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID02,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND02,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO03,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT03,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT03,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID03,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND03,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO04,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT04,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT04,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID04,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND04,'.
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05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO05,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT05,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT05,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID05,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND05,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO06,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT06,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT06,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID06,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND06,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO07,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT07,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT07,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID07,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND07,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO08,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT08,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT08,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID08,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND08,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO09,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT09,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT09,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID09,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND09,'.
05  FILLER PIC X(19) VALUE 'BNFC-CONTRACT-NO10,'.
05  FILLER PIC X(26) VALUE 'BNFC-PARTD-PBP-START-DT10,'.
05  FILLER PIC X(24) VALUE 'BNFC-PARTD-PBP-END-DT10,'.
05  FILLER PIC X(25) VALUE 'BNFC-PARTD-PBP-PLAN-ID10,'.
05  FILLER PIC X(27) VALUE 'BNFC-PARTD-ENRL-TYPE-IND10,'.
05  FILLER PIC X(22) VALUE 'MMARET-PARTC-ORG-NAME,'.
05  FILLER PIC X(23) VALUE 'MMARET-PARTC-PLAN-NAME,'.
05  FILLER PIC X(22) VALUE 'MMARET-PARTD-ORG-NAME,'.
05  FILLER PIC X(23) VALUE 'MMARET-PARTD-PLAN-NAME,'.
05  FILLER PIC X(26) VALUE 'MMARET-PARTD-ORG-PLN-BNFT,'.
05  FILLER PIC X(21) VALUE 'MMARET-BNFC-LANG-IND,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND01,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND02,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND03,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND04,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND05,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND06,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND07,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND08,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND09,'.
05  FILLER PIC X(15) VALUE 'BNFC-SNP-IND10,'.
05  FILLER PIC X(25) VALUE 'MMARET-INCARC-START-DATE,'.
05  FILLER PIC X(23) VALUE 'MMARET-INCARC-END-DATE,'.
05  FILLER PIC X(09) VALUE 'FILLER02,'.
05  FILLER PIC X(19) VALUE 'PREV-MNTH-SPD-CODE,'.
05  FILLER PIC X(21) VALUE 'ALTR-BNFC-MATCH-CODE,'.
05  FILLER PIC X(20) VALUE 'DAILY-SPD-CALC-CODE,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE01,'.
05  FILLER PIC X(15) VALUE 'RDS-END-DATE01,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE02,'.
05  FILLER PIC X(15) VALUE 'RDS-END-DATE02,'.
05  FILLER PIC X(17) VALUE 'RDS-START-DATE03,'.
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   05  FILLER PIC X(15) VALUE 'RDS-END-DATE03,'.
   05  FILLER PIC X(17) VALUE 'RDS-START-DATE04,'.
   05  FILLER PIC X(15) VALUE 'RDS-END-DATE04,'.
   05  FILLER PIC X(17) VALUE 'RDS-START-DATE05,'.
   05  FILLER PIC X(15) VALUE 'RDS-END-DATE05,'.
   05  FILLER PIC X(09) VALUE 'FILLER03,'.
   05  FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE01,'.
   05  FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE01,'.
   05  FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE02,'.
   05  FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE02,'.
   05  FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE03,'.
   05  FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE03,'.
   05  FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE04,'.
   05  FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE04,'.
   05  FILLER PIC X(24) VALUE 'PARTD-ELIG-START-DATE05,'.
   05  FILLER PIC X(22) VALUE 'PARTD-ELIG-END-DATE05,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL01,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE01,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL02,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE02,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL03,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE03,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL04,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE04,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL05,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE05,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL06,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE06,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL07,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE07,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL08,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE08,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL09,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE09,'.
   05  FILLER PIC X(21) VALUE 'BNFC-SUBSIDY-LEVEL10,'.
   05  FILLER PIC X(18) VALUE 'LIS-DEEM-SOURCE10,'.
   05  FILLER PIC X(08) VALUE 'FILLER05'.
   05  FILLER PIC X(160).

1  MMA-RS-DATA-REC.
   05  FILLER                          PIC X(01).
   05  MMA-EL-RCRD-IDNFR               PIC X(03).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-MMCCYY                   PIC X(06).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-STATUS                   PIC X(01).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-HIC-NMBR                 PIC X(15).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-HIC-RRB-IND              PIC X(01).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-SSN                      PIC X(09).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-SMA-IDNTFR               PIC X(20).
   05  FILLER                          PIC X(01) VALUE ','.
   05  MMA-EL-RECIP-FNAME              PIC X(12).
   05  FILLER                          PIC X(01) VALUE ','.
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05  MMA-EL-RECIP-LNAME              PIC X(20).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RECIP-MNAME              PIC X(15).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RECIP-SFX-NAME           PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-SEX                      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-BIRTH-DT                 PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DUAL-ELIG                PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-FPL-IND                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DRG-CVRG-IND             PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-INST-STATS-IND           PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-APRVD          PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-APRDT          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-STDT           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-ENDDT          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-FPL-PCT             PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-PRTD-SBCD-LVL            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-INCM-USD-TDTRMN          PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RSRC-LVL-PRTD            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-SBCD-DNL                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-RSLT-APPEAL              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-CHNG-PRV-DTRMN           PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMA-EL-DTRMN-CNCLD              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(23).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RIC-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-MON-YEAR-ERC        PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-HIC-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-HIC-RRB-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-SSN-ERC                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-SEX-CODE-ERC        PIC X(02).
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05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ELIG-DOB-ERC             PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DUAL-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-FPL-IND-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DRG-CVRG-IND-ERC         PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INST-ST-ERC              PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-APP-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-APP-DT-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SNSDY-ST-DT-ERC    PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-END-DT-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-PCT-FPL-ERC        PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-LEVEL-ERC    PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INCOME-USED-DET-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RESOURCE-LEVEL-ERC       PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-SBSDY-DNY-ERC      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-RESULT-OF-APPEAL-ERC     PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-CHANGE-TO-PREV-DET       PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-DETERMINATION-CNCL-ERC   PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-REC-RET-CODE             PIC X(06).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-MCARE-PARTAB-FIND-CD     PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-MCARE-PARTD-FIND-CD      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-ACCOUNT-NUM       PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-ID-CODE           PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-DOB               PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-DOD               PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-SEX-CD            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-FIRST-NAME        PIC X(30).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-MIDDLE-INITIAL    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFCRY-SURNAME           PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
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05  BNFC-CLAIM-ACCT-NUM01          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE01                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM02          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE02                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM03          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE03                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM04          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE04                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM05          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE05                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM06          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE06                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM07          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE07                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM08          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE08                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM09          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE09                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-CLAIM-ACCT-NUM10          PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-ID-CODE10                 PIC X(02).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFCRY-SSN-OCCUR01             PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFCRY-SSN-OCCUR02             PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFCRY-SSN-OCCUR03             PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFCRY-SSN-OCCUR04             PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFCRY-SSN-OCCUR05             PIC X(09).
05  FILLER                         PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-1            PIC X(40).
05  FILLER                         PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-2            PIC X(40).
05  FILLER                         PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-3            PIC X(40).
05  FILLER                         PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-4            PIC X(40).
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05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-5             PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-LINE-6             PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-CITY               PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-ST                 PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-ZIP-CD             PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  MAIL-ADDRESS-CHG-DATE           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-1              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-2              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-3              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-4              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-5              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-LINE-6              PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-CITY                PIC X(40).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-ST                  PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-ZIP-CD              PIC X(09).
05  FILLER                          PIC X(01) VALUE ','.
05  RES-ADDRESS-CHG-DATE            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-REP-PAYEE-SW             PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-NON-ENTIT-ST              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-NON-ENTIT-ST              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT01        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD01                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT02        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD02                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT03        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD03                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT04        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD04                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  ENTIT-RSN-CD-CHANGE-DT05        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
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05  ENTIT-RSN-CD05                  PIC X(04).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT01          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT01            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT02          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT02            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT03          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT03            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT04          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT04            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-START-DT05          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-END-DT05            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-REASON-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTA-ENTIT-STATUS-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT01          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT01            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD01         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT02          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT02            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD02         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD02         PIC X(01).
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05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT03          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT03            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD03         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT04          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT04            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD04         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-START-DT05          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-END-DT05            PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-REASON-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTB-ENTIT-STATUS-CD05         PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT04       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-START-DT05       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  HOSPICE-COVERG-END-DT05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD01    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD02    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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05  DISABILITY-INS-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  DISABILITY-INS-DT-JURIS-CD03    PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT01             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO01        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT02             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO02        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT03           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT03             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO03        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO04        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO05        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT06           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT06             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO06        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT07           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT07             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO07        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT08           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT08             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO08        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT09           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT09             PIC X(08).
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05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO09        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-START-DT10           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-END-DT10             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GROUP-HLTH-CONTRACT-NO10        PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE01        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER01           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD01      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE02        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER02           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD02      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE03        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER03           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD03      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE04        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE04       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER04           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD04      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE05        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE05       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER05           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
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05  GRP-PLAN-PKG-CVRG-TYP-CD05      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE06        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE06       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE06         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER06           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD06      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE07        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE07       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE07         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER07           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD07      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE08        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE08       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE08         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER08           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD08      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE09        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE09       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE09         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER09           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD09      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-ENRL-EFF-DATE10        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-START-DATE10       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-END-DATE10         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-NUMBER10           PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  GRP-PLAN-PKG-CVRG-TYP-CD10      PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ESRD-CVRG                PIC X(17).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ESRD-DIALYSIS            PIC X(16).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-ESRD-TRANSPLANT          PIC X(16).
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05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE01             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD01        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE02             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD02        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE03           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD03        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE03             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD03        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD04        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD04        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-START-DATE05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-PREM-PAYER-CD05        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-END-DATE05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTA-BUYIN-ELIG-CD05        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD01        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD02        PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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05  TP-PARTB-START-DATE03          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD03       PIC X(03).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT03      PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD03       PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE04          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD04       PIC X(03).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT04      PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD04       PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-START-DATE05          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-PREM-PAYER-CD05       PIC X(03).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-TERMINATION-DT05      PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  TP-PARTB-BUYIN-ELIG-CD05       PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-FIRST-ELG-PARTD-DATE      PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-AFFIRM-DECLINE-IND        PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE01                PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL01             PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT01          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT01            PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE02                PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL02             PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT02          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT02            PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE03                PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL03             PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT03          PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT03            PIC X(08).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE04                PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL04             PIC X(01).
05  FILLER                         PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT04          PIC X(08).
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05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT04             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE05                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL05              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT05             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE06                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL06              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT06           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT06             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE07                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL07              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT07           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT07             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE08                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL08              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT08           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT08             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE09                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL09              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT09           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT09             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-LIS-TYPE10                 PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-LEVEL10              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-START-DT10           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-COPAY-END-DT10             PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO01              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT01       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
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05  BNFC-PARTD-PBP-PLAN-ID01        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND01      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO02              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT02       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID02        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND02      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO03              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT03       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID03        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND03      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO04              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT04       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID04        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND04      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO05              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT05       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID05        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND05      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO06              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT06       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT06         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID06        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND06      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO07              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT07       PIC X(08).
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05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT07         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID07        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND07      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO08              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT08       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT08         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID08        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND08      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO09              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT09       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT09         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID09        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND09      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-CONTRACT-NO10              PIC X(05).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-START-DT10       PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-END-DT10         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-PBP-PLAN-ID10        PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-PARTD-ENRL-TYPE-IND10      PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTC-ORG-NAME           PIC X(55).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTC-PLAN-NAME          PIC X(50).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-ORG-NAME           PIC X(55).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-PLAN-NAME          PIC X(50).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-PARTD-ORG-PLN-BNFT       PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-BNFC-LANG-IND            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND01                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND02                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND03                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND04                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
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05  BNFC-SNP-IND05                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND06                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND07                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND08                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND09                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SNP-IND10                  PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INCARC-START-DATE        PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  MMARET-INCARC-END-DATE          PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(11).
05  FILLER                          PIC X(01) VALUE ','.
05  PREV-MNTH-SPD-CODE              PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  ALTR-BNFC-MATCH-CODE            PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  DAILY-SPD-CALC-CODE             PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-START-DATE01                PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-END-DATE01                  PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-START-DATE02                PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-END-DATE02                  PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-START-DATE03                PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-END-DATE03                  PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-START-DATE04                PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-END-DATE04                  PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-START-DATE05                PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  RDS-END-DATE05                  PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(01).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE01         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE01           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE02         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE02           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE03         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE03           PIC X(08).
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05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE04         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE04           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-START-DATE05         PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  PARTD-ELIG-END-DATE05           PIC X(08).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL01            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE01               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL02            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE02               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL03            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE03               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL04            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE04               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL05            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE05               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL06            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE06               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL07            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE07               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL08            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE08               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL09            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE09               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  BNFC-SUBSIDY-LEVEL10            PIC X(03).
05  FILLER                          PIC X(01) VALUE ','.
05  LIS-DEEM-SOURCE10               PIC X(02).
05  FILLER                          PIC X(01) VALUE ','.
05  FILLER                          PIC X(6626).
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MMA Record Iden-	MMA Record Iden-	DE7037	

	tification Code	tification Code		
2	CREATE-MM	MMA File Creation Month	DE7040	
3	CREATE-CCYY	MMA File Creation Year	DE7041	
4	EL-STATUS	Medicaid Eligibility Status	DE7042	
5	HIC-RRB-IND	MMA Recipients HIC-RRB Indicator	DE7043	
6	EL-SSN	Enrollee Social Security Number (SSN)	DE3034	
7	EL-SMA-IDNTFR	Enrollee Permanent Identification Number	DE3093	
8	RECIP-FNAME	Enrollee First Name	DE3111	
9	RECIP-LNAME	Enrollee Last Name	DE3110	
10	RECIP-MNAME	Enrollee Middle Initial	DE3112	
11	RECIP-SFX-NAME	Enrollee Name Suffix	DE3113	
12	EL-SEX	Enrollee Sex Code	DE3007	
13	EL-BIRTH-DT	Enrollee Birth Date	DE3005	
14	DUAL-ELIG	MARS HCFA MSIS Dual Eligible Flag	DE6042	
15	FPL-IND	FPL Indicator Value	DE7006	
16	DRG-CVRG-IND	Drug Coverage Indicator	DE7044	
17	INST-STATS-IND	Institutional Status Indicator	DE7045	
18	PRTD-SBCD-APRVD	PARTD Subsidy Approved	DE7046	
19	PRTD-SBCD-APRDT	PART D Subsidy Approval Date	DE7049	
20	PRTD-SBCD-STDT	PARTD Subsidy Start Date	DE7050	
21	PRTD-SBCD-ENDDT	PARTD Subsidy End Date	DE7051	
22	PRTD-FPL-PCT	PARTD Percentage of FPL	DE7052	
23	PRTD-SBCD-LVL	PARTD Subsidy Level	DE7053	
24	INCM-USD-TDTRMN	Income Used for Determination	DE7054	
25	RSRC-LVL-PRTD	Resource Level	DE7056	
26	SBCD-DNL	Basis of Part D subsidy denial	DE7057	

27	RSLT-APPEAL	Result of an Appeal	DE7058	
28	CHNG-PRV-DTRMN	Change to previous determination	DE7059	
29	DTRMN-CNCLD	Determination Cancelled	DE7060	
30	BENE-RCRD-COUNT	Number of Recipient Records Present in the MMA file	DE7039	
31	RET-CODE	CMS Error code	DE7064	
32	PARTD-SBSDY-APP-ERC		DE0000	
33	PARTD-SBSDY-APP-DT-ERC		DE0000	
34	PARTD-SNSDY-ST-DT-ERC		DE0000	
35	PARTD-SBSDY-END-DT-ERC		DE0000	
36	PARTD-PCT-FPL-ERC		DE0000	
37	PARTD-SBSDY-LEVEL-ERC		DE0000	
38	INCOME-USED-DET-ERC		DE0000	
39	RESOURCE-LEVEL-ERC		DE0000	
40	PARTD-SBSDY-DNY-ERC		DE0000	
41	RESULT-OF-APPEAL-ERC		DE0000	
42	CHANGE-TO-PREV-DET		DE0000	
43	DETERMINATION-CNCL-ERC		DE0000	
44	REC-RET-CODE	CMS record return code	DE7065	
45	MCARE-PARTAB-FIND-CD		DE0000	
46	MCARE-PARTD-FIND-CD		DE0000	
47	BNFCRY-ACCOUNT-NUM		DE0000	
48	BNFCRY-ID-		DE0000	

	CODE			
49	BNFCRY-DOB		DE0000	
50	BNFCRY-DOD		DE0000	
51	BNFCRY-SEX-CD		DE0000	
52	BNFCRY-FIRST-NAME		DE0000	
53	BNFCRY-MIDDLE-INITIAL		DE0000	
54	BNFCRY-SURNAME		DE0000	
55	BNFC-CLAIM-ACCT-NUM		DE0000	
56	BNFC-ID-CODE		DE0000	
57	BNFCRY-SSN-OCCUR		DE0000	
58	MAIL-ADDRESS-LINE-1		DE0000	
59	MAIL-ADDRESS-LINE-2		DE0000	
60	MAIL-ADDRESS-LINE-3		DE0000	
61	MAIL-ADDRESS-LINE-4		DE0000	
62	MAIL-ADDRESS-LINE-5		DE0000	
63	MAIL-ADDRESS-LINE-6		DE0000	
64	MAIL-ADDRESS-CITY		DE0000	
65	MAIL-ADDRESS-ST		DE0000	
66	MAIL-ADDRESS-ZIP-CD		DE0000	
67	MAIL-ADDRESS-CHG-DATE		DE0000	
68	RES-ADDRESS-LINE-1		DE0000	
69	RES-ADDRESS-LINE-2		DE0000	
70	RES-ADDRESS-LINE-3		DE0000	
71	RES-ADDRESS-		DE0000	

	LINE-4			
72	RES-ADDRESS-LINE-5		DE0000	
73	RES-ADDRESS-LINE-6		DE0000	
74	RES-ADDRESS-CITY		DE0000	
75	RES-ADDRESS-ST		DE0000	
76	RES-ADDRESS-ZIP-CD		DE0000	
77	RES-ADDRESS-CHG-DATE		DE0000	
78	REP-PAYEE-SW		DE0000	
79	PARTA-NON-ENTIT-ST		DE0000	
80	PARTB-NON-ENTIT-ST		DE0000	
81	ENTIT-RSN-CD-CHANGE-DT		DE0000	
82	ENTIT-RSN-CD		DE0000	
83	PARTA-ENTIT-START-DT		DE0000	
84	PARTA-ENTIT-END-DT		DE0000	
85	PARTA-ENTIT-REASON-CD		DE0000	
86	PARTA-ENTIT-STATUS-CD		DE0000	
87	PARTB-ENTIT-START-DT		DE0000	
88	PARTB-ENTIT-END-DT		DE0000	
89	PARTB-ENTIT-REASON-CD		DE0000	
90	PARTB-ENTIT-STATUS-CD		DE0000	
91	HOSPICE-COVERG-START-DT		DE0000	
92	HOSPICE-COVERG-END-DT		DE0000	

93	DISABILITY-INS-START-DT		DE0000	
94	DISABILITY-INS-END-DT		DE0000	
95	DISABILITY-INS-DT-JURIS-CD		DE0000	
96	GROUP-HLTH-START-DT		DE0000	
97	GROUP-HLTH-END-DT		DE0000	
98	GROUP-HLTH-CONTRACT-NO		DE0000	
99	GRP-PLAN-ENRL-EFF-DATE		DE0000	
100	GRP-PLAN-PKG-START-DATE		DE0000	
101	GRP-PLAN-PKG-END-DATE		DE0000	
102	GRP-PLAN-PKG-NUMBER		DE0000	
103	GRP-PLAN-PKG-CVRG-TYP-CD		DE0000	
104	MMARET-ESRD-CVRG		DE0000	
105	MMARET-ESRD-DIALYSIS		DE0000	
106	MMARET-ESRD-TRANSPLANT		DE0000	
107	TP-PARTA-START-DATE		DE0000	
108	TP-PARTA-PREM-PAYER-CD		DE0000	
109	TP-PARTA-END-DATE		DE0000	
110	TP-PARTA-BUYIN-ELIG-CD		DE0000	
111	TP-PARTB-START-DATE		DE0000	
112	TP-PARTB-PREM-PAYER-CD		DE0000	
113	TP-PARTB-TERMINATION-DT		DE0000	

114	TP-PARTB-BUYIN-ELIG-CD		DE0000	
115	BNFC-FIRST-ELG-PARTD-DATE	CMS Part-D begin date	DE7066	
116	BNFC-AFFIRM-DECLINE-IND	CMS Part-D affirm decline ind	DE7077	
117	BNFC-LIS-TYPE		DE0000	
118	BNFC-COPAY-LEVEL		DE0000	
119	BNFC-COPAY-START-DT		DE0000	
120	BNFC-COPAY-END-DT		DE0000	
121	BNFC-CONTRACT-NO		DE0000	
122	BNFC-PARTD-PBP-START-DT		DE0000	
123	BNFC-PARTD-PBP-END-DT		DE0000	
124	BNFC-PARTD-PBP-PLAN-ID		DE0000	
125	BNFC-PARTD-ENRL-TYPE-IND		DE0000	
126	PARTC-ORG-NAME		DE0000	PARTC-ORG-NAME
127	PARTC-PLAN-NAME		DE0000	PARTC-PLAN-NAME
128	PARTD-ORG-NAME		DE0000	PARTD-ORG-NAME
129	PARTD-PLAN-NAME		DE0000	PARTD-PLAN-NAME
130	PARTD-ORG-PLN-BNFT		DE0000	PARTD-ORG-PLN-BNFT
131	BNFC-LANG-IND		DE0000	BNFC-LANG-IND
132	BNFC-SNP-IND		DE0000	BNFC-SNP-IND
133	INCARC-START-DATE		DE0000	INCARCERATION START DATE
134	INCARC-END-DATE		DE0000	INCARCERATION END DATE
135	PREV-MNTH-SPD-CODE		DE0000	PREV-MNTH-SPD-CODE
136	ALTR-BNFC-		DE0000	ALTR-BNFC-MATCH-CODE

	MATCH-CODE			
137	DAILY-SPD-CALC-CODE		DE0000	DAILY-SPD-CALC-CODE
138	RDS-START-DATE		DE0000	RDS-START-DATE
139	RDS-END-DATE		DE0000	RDS-END-DATE
140	PARTD-ELIG-START-DATE		DE0000	PARTD-ELIG-START-DATE
141	PARTD-ELIG-END-DATE		DE0000	PARTD-ELIG-END-DATE
142	BNFC-SUBSIDY-LEVEL		DE0000	BNFC-SUBSIDY-LEVEL
143	LIS-DEEM-SOURCE		DE0000	LIS-DEEM-SOURCE

Output Reports MR-O-200 Financial Interface Process Summary

General Information

The Financial Interface Process Summary report lists financial transactions that were found to contain one or more error conditions.

Subsystem:	MARS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS MARS Unit
Program:	Claims Processing Interface (MRM020)
Confidential:	No
Sequence:	Claim ICN / FCN
Control Breaks:	N/A

Financial Interface Process Summary (MR-O-200)

```
MRM020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
 AS OF:10/28/2011                                   PROCESS SUMMARY REPORT                                   PAGE NUMBER:
 RUN DATE: 11/02/2011 17:28
                      (2)   (3)        (5)                  (7)        (8)                  (9)/(10)
  (1) (1.1)           ACCT  CIM  (4)  OBJECT   (6)         PROJECT    INVOICE              PAYMENT AMT/     (11)
  ICF/FCN             PGM   TYP  COS  CODE    PROVIDER      CODE      NUMBER                CHARGE AMT      ERROR DESCRIPTION
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
9999999999999999      XXX   99   999  999999  1234567890    XXXXX     XXXXXXXXXXXXXXX     999,999,999.99    XXXXXXXXXXXXXXXXXXXX
                                                            (12)                                                                  (13
TOTAL NUMBER OF CLAIMS IN ERROR                             999,999     TOTAL AMOUNT OF CLAIMS CHARGES IN ERROR                  $$$$,
(PENDED, DENIED, REJECTED)                                              (PENDED, DENIED, REJECTED)
                                                            (14)                                                                  (1
TOTAL NUMBER OF CONFLICTS - PAID CLAIMS                   9,999,999     TOTAL AMOUNT OF CONFLICTS - PAID CLAIMS                  $$$$,
                                                            (16)                                                                  (1
TOTAL NUMBER OF INVALID CODES - PAID CLAIMS/FIN           9,999,999     TOTAL AMOUNT OF INVALID CODES - PAID CLAIMS/FIN          $999,

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ICN	Claim Request ICN	DE2001	
1.1	FCN	Financial Control Number	DE9874	
2	ACCT PGM	Budget Program Code	DE9835	
3	CLAIM TYPE	Claim Type	DE2002	
4	COS	Claim Category of Service	DE2038	
5	OBJECT CODE	Budget Object Code	DE9843	
6	PROVIDER	National Provider Identifier	DE4700	
7	PROJECT CODE	Contract Project	(DE9930)	

		Code		
8	INVOICE NUMBER	Invoice Number	(DE9936)	
9	PAYMENT AMT	Claim Payment Amount	DE2023	
10	CHARGE AMT	Claim Billed Charge	DE2016	
11	ERROR DESCRIPTION	Calculated	DE0002	Describes the type of error encountered. The following error messages are displayed: AID CAT NOT FOUND XXX R>E CCYYMMDD-CCYYMMDD UNIDENTIFIED FTOS BOE WRONG FOR MAS 9 9 BENEFIT PGM INVALID 9 CAT OF SERV 999
12	TOTAL NUMBER OF CLAIMS IN ERROR	Calculated	DE0002	Count of the number of claims found to contain an error condition and reported on the MR-O-200 report.
13	TOTAL AMOUNT OF CLAIMS IN ERROR	Calculated	DE0002	Sum of all Claim Billed Charges (DE2016) from the claims found to contain an error condition and reported on the MR-O-200 report.
14	TOTAL NUMBER OF CONFLICTS - PAID CLAIMS	Calculated	DE0002	Count of the number of financial transactions found to contain an error condition and reported on the MR-O-200 report.
15	TOTAL AMOUNT OF CONFLICTS - PAID CLAIMS	Calculated	DE0002	Sum of the financial transaction payment amounts from the financial transactions found to contain an error condition and reported on the MR-O-200 report.
16	TOTAL NUMBER OF INVALID CODES - PAID CLAIMS/FIN	Calculated	DE0002	Field 12 + Field 14.
17	TOTAL AMOUNT OF INVALID CONFLICTS - PAID CLAIMS/FIN	Calculated	DE0002	Field 13 + Field 15.

Output Reports MR-O-201 Claims Interface Process Summary for Paid Claims & Clean Encounters

General Information

This report provides counts & payment amounts that are used to balance the claims used for MARS processing against the Claims Extract Control Summary report. This MARS report also identifies any paid claim or clean encounter on the monthly claim extract that has one or more error conditions. See the MR-O-202 report for balancing and processing statistics on denied, pended, rejected claims and fatal encounters.

Subsystem:	MARS
Frequency:	Monthly
Volume:	1 page
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	FHSC Operations
Program:	MARS Claim Error Processing (MRM015)
Confidential:	No
Sequence:	ICN
Control Breaks:	None

Claims Interface Process Summary for Paid Claims & Clean Encounters (MR-O-201)

```
MRM015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:MM/DD/CCYY                                     MARS PROCESS SUMMARY REPORT                              PAGE NUMBER
RUN DATE: MM/DD/CCYY HH:MM

SECTION A: PAID CLAIMS AND CLEAN ENCOUNTERS REJECTED FOR ERRORS

                          CLM CLM AID BNFT  BAC  BAC  OBJECT  MAR  PRV  PRV  MAS
ICN                       TYP MOD CAT PRGM  PGM  SUB   CODE  COS  TYP  SPEC BOE  ENROLLEE ID     PROVIDER   CHARGES        E
(1)                       (2) (3) (4) (5)   (6)  (7)   (8)   (9)  (10) (11) (12)     (13)          (14)       (15)
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999  999999 999  999  999  X/X  999999999999  1234567890 999,999,999.99
                                 PAID CLAIM                     PAID CLAIM          CLEAN ENCNTR          CLEAN ENCNTR
TOTALS                             COUNT                        PYMT AMOUNT            COUNT                PYMT AMOUNT
     APPROVED ORIGINALS READ     ZZZ,ZZZ,ZZ9(17)          $$$,$$$,$$9.99s(18)      ZZZ,ZZZ,ZZ9(19)     $$$,$$$,$$9.99s(20)
     APPROVED ADJUST/VOID READ   ZZZ,ZZZ,ZZ9(21)          $$$,$$$,$$9.99s(22)      ZZZ,ZZZ,ZZ9(23)     $$$,$$$,$$9.99s(24)
     REJECTED FOR ERRORS         ZZZ,ZZZ,ZZ9(25)          $$$,$$$,$$9.99s(26)      ZZZ,ZZZ,ZZ9(27)     $$$,$$$,$$9.99s(28)
     PASSED TO MARS              ZZZ,ZZZ,ZZ9(29)          $$$,$$$,$$9.99s(30)      ZZZ,ZZZ,ZZ9(31)     $$$,$$$,$$9.99s(32)

     RECORDS READ:     ZZZ,ZZZ,ZZ9(33)   $$$,$$$$,$$9.99s(34)

     RECORDS WRITTEN:  ZZZ,ZZZ,ZZ9(35)   $$$,$$$,$$9.99s(36)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ICN	Claim Request ICN	DE2001	
2	CLM TYP	Claim Type	DE2002	
3	CLM MOD	Claim Type Modifier	DE2003	
4	AID CAT	Enrollee Eligibility Aid Category	DE3009	
5	BNFT PRGM	Benefit Definition Plan Program Code	DE3551	
6	BAC PGM	Budget Program Code	DE9835	
7	BAC SUB	Budget Sub-Program Code	DE9838	
8	OBJECT CODE	Budget Object Code	DE9843	
9	MAR COS	Claim Category of Service	DE2038	

10	PRV TYP	Provider Type	DE4006	
11	PRV SPEC	Provider Specialty Code	DE4007	
12	MAS BOE	Aid Category Money Payment Status Code	DE3306	
13	ENROLLEE ID	Enrollee Identification Number	DE3001	
14	PROVIDER	National Provider Identifier	DE4700	
15	PAYMENT AMOUNT	Claim Payment Amount	DE2023	
16	ERROR DESC	Calculated	DE0002	Describes the type of error encountered on paid claim or clean encounter. The error messages are as follows: AID CATG - The Aid Category is in error on the record ADJ DATE - The adjudication date is in error on the record BAC OBJECT - The Basic Accounting Code object is in error on the record BAC PGM - The Basic Accounting Code Program is in error on the record BEN-BAC - The Benefit Program and Basic Accounting Code combination is in error on the record BEN-COS - The Benefit Program and Category Of Service combination is in error on the record BNFT PRGM - The Benefit program is in error for the record. It is not present in the RS_ BENEFIT_PACKAGE table BOE - The Basis Of Eligibility is in error on the record CATEG SERV - The Category Of Service is in error on the record. It is not present on the FN_BAC_COS_R table CLAIM TYP - The Claim Type is in error on the record ENROLLEE - The Enrollee Id is in error on the record ENTER DATE - The Date-Entered is in error on the record FED TOS - The Federal Type Of Service is in error on the record MAS - The Maintenance Assistance Service is in error on the record MAS OR BOE - Either the MAS or BOE is in error. They have a value less than 1 which is invalid MAS-BOE -

				The MAS-BOE combination is in error for the record PHARM DATA - Either the Drug NDC Code or the Drug Therapeutic Class is in error. Either of them is spaces. PYMT-DATE - The payment request date is in error on the record PROV SPEC - The provider specialty is in error on the record. It is not present on the PS_SPECIALTY_R table PROV TYPE- The provider type is in error on the record. It is not present on PS_PVTYPE_R table RA-PYMT- The RA_PYMT date is in error on the record SERV-FROM - The date of service- from is in error on the record SERV-THRU - The date of service - thru is in error on the record
17	APPROVED ORIGINALS READ PAID COUNT	Calculated	DE0002	This field is incremented each time we read a record and have the following condition Media not = '9' Status = '1' Disposition = '1'
18	APPROVED ORIGINALS READ PAID AMOUNT	Calculated	DE0002	This field is incremented by the EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media not = '9' Status = '1' Disposition = '1'
19	APPROVED ORIGINALS READ CLEAN ENCOUNTER COUNT	Calculated	DE0002	This field is incremented by 1 each time we read a record and have the following condition Media = '9' Status <= '6' Disposition = '1'
20	APPROVED ORIGINALS READ CLEAN ENCOUNTER AMOUNT	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media = '9' Status <= '6' Disposition = '1'
21	APPROVED ADJUST/VOID READ PAID COUNT	Calculated	DE0002	This field is incremented each time we read a record and have the following condition Media not = '9' Status = '1' Disposition = '2','3' or '4'
22	APPROVED ADJUST/VOID READ PAID AMOUNT	Calculated	DE0002	For a disposition = '2' This field is incremented by EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media not = '9' Status = '1' For a disposition = '3' or '4' This field is decremented by

				EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media not = '9' Status = '1'
23	APPROVED ADJUST/VOID READ CLEAN ENCOUNTER COUNT	Calculated	DE0002	This field is incremented by 1 each time we read a record and have the following condition Media = '9' Status <= '6' Disposition = '2','3' or '4'
24	APPROVED ADJUST/VOID READ CLEAN ENCOUNTER AMOUNT	Calculated	DE0002	For a disposition = '2' This field is incremented by EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media = '9' Status <= '6' For a disposition = '3' or '4' This field is decremented by EWR-N-BILLED-CHARGE each time we read a record and have the following condition Media = '9' Status <= '6'
25	REJECTED FOR ERRORS PAID COUNT	Calculated	DE0002	This field is incremented by 1 every time there is an error in the Paid Claim (media not = '9' and status = '1'). It is incremented once every paid claim.
26	REJECTED FOR ERRORS PAID AMOUNT	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE for each error that is encountered on a paid claim. It is incremented only once every paid claim.
27	REJECTED FOR ERRORS CLEAN ENCOUNTER COUNT	Calculated	DE0002	This field is incremented each time a clean encounter has a field in error. For multiple errors on a clean encounter, this field is incremented only once.
28	REJECTED FOR ERRORS CLEAN ENCOUNTER AMOUNT	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE each time a clean encounter has a field in error. For multiple errors on a clean encounter, this field is incremented only once.
29	PASSED TO MARS PAID COUNT	Calculated	DE0002	This field is calculated as follows (Field 17 + Field 21 - Field 25)
30	PASSED TO MARS PAID AMOUNT	Calculated	DE0002	This field is calculated as follows (Field 18 + Field 22 - Field 26)
31	PASSED TO	Calculated	DE0002	This field is calculated as follows (Field

	MARS CLEAN ENCOUNTER COUNT			19 + Field 23 - Field 27)
32	PASSED TO MARS CLEAN ENCOUNTER AMOUNT	Calculated	DE0002	This field is calculated as follows (Field 20 + Field 24 - Field 28)
33	RECORDS READ COUNT	Calculated	DE0002	This field is incremented each time a record is read from the input file
34	RECORDS READ AMOUNT	Calculated	DE0002	This field is the summation of the amounts of all the records that are read.
35	RECORDS WRITTEN COUNT	Calculated	DE0002	This field is incremented every time a record is written to the prime extract file
36	RECORDS WRITTEN AMOUNT	Calculated	DE0002	This field contains the summation of the amounts written to the Prime extract file

Output Reports MR-O-202 Claims Interface Process Summary for Deny, Pend, Reject Claims & Fatal Encounters

General Information

This report provides counts & charge amounts that are used to balance the claims used for MARS processing against the Claims Extract Control Summary report. This MARS report also provides totals for those denied, pended, rejected claims or fatal encounters on the monthly claim extract that has one or more error conditions. All fields in error on these claims are defaulted to a value of 'Unknown' for appropriate reporting by MARS. See the MR-O-201 report for balancing and processing statistics on paid claims and clean encounters.

Subsystem:	MARS
Frequency:	Monthly
Volume:	1 page
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	FHSC Operations
Program:	MARS Claim Error Processing (MRM015)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Claims Interface Process Summary for Deny, Pend, Reject Claims & Fatal Encounters (MR-O-202)

```
MRM015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                                   MARS PROCESS SUMMARY REPORT                                P
RUN DATE: MM/DD/CCYY HH:MM

 SECTION B: PENDED CLAIMS, DENIED CLAIMS, REJECTED CLAIMS, AND FATAL ENCOUNTERS WITH ONE OR MORE ERRORS

       DENIED CLAIMS   DENIED CLAIMS   PENDED CLAIMS   PENDED CLAIMS   REJECT CLAIMS   REJECT CLAIMS   FATAL EN
CLM     RECORDS READ   WITH ERROR(S)    RECORDS READ   WITH ERROR(S)    RECORDS READ   WITH ERROR(S)   RECORDS
TYP    COUNT/CHARGES   COUNT/CHARGES   COUNT/CHARGES   COUNT/CHARGES   COUNT/CHARGES   COUNT/CHARGES  COUNT/CHA
(1)        (2)             (4)             (6)             (8)             (10)            (12)           (14)
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.9(3) $$$,$$$,$$9.99(5) $$$,$$$,$$9.9(7) $$$,$$$,$$9.99(9) $$$,$$$,$$9.99(11) $$$,$$$,$$9.9(13) $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
XX     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
      $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9

-----------------------------------------------------------------------------------------------------------------------
    GRAND TOTALS
                (18)        (20)            (22)            (24)            (26)            (28)           (30)
     ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9      ZZZ,ZZZ,ZZ9     ZZZ,ZZZ,ZZ
     $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9.99  $$$,$$$,$$9
         (19)            (21)            (23)            (25)            (27)            (29)           (31)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLM TYP	Claim Type	DE2002	
2	DENIED CLAIMS RECORDS READ COUNT	Calculated	DE0002	This field is incremented by 1 if Status = '3'
3	DENIED CLAIMS RECORDS READ CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if Status = '3'
4	DENIED CLAIMS WITH ERROR(S) COUNT	Calculated	DE0002	This field is incremented by 1 if any field is in error for a Denied Claim(i.e. status = '3')
5	DENIED CLAIMS WITH ERROR(S) CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if any field is in error for a Denied Claim(i.e. Status = '3')

6	PENDED CLAIMS RECORDS READ COUNT	Calculated	DE0002	This field is incremented by 1 each time we encounter a Pended Claim (i.e. status = '4' or '7')
7	PENDED CLAIMS RECORDS READ- CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if it is a Pended Claim (i.e. Status = '4' or '7')
8	PENDED CLAIMS WITH ERROR(S) COUNT	Calculated	DE0002	This field is incremented by 1 if any field is in error for a Pended Claim(i.e. Status = '4' or '7')
9	PENDED CLAIMS WITH ERROR(S)- CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if any field is in error for a Denied Claim(i.e. Status = '4' or '7')
10	REJECT CLAIMS RECORDS READ- COUNT	Calculated	DE0002	This field is incremented by 1 each time we encounter a Rejected Claim (i.e. status = '2')
11	REJECT CLAIMS RECORDS READ - CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if it is a Rejected Claim (i.e. Status = '2')
12	REJECT CLAIMS WITH ERROR(S) COUNT	Calculated	DE0002	This field is incremented by 1 if any field is in error for a Rejected Claim(i.e. Status = '2')
13	REJECT CLAIMS WITH ERROR(S) - CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if any field is in error for a Rejected Claim(i.e. Status = '2')
14	FATAL ENCOUNTER RECORDS READ - COUNT	Calculated	DE0002	This field is incremented by 1 each time we have a Fatal Encounter (i.e. media = 9 and status > '6')
15	FATAL ENCOUNTER RECORDS READ - CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if it is a Fatal Encounter (i.e. media = '9' and Status > '6')
16	FATAL ENCOUNTER WITH ERROR(S) - COUNT	Calculated	DE0002	This field is incremented by 1 if any field is in error for a Fatal Encounter (i.e. media = '9' and status > '6')
17	FATAL ENCOUNTER WITH ERROR(S) - CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE if any field is in error for a Fatal Encounter (i.e. media = '9' and status . '6')
18	GRAND TOTALS-	Calculated	DE0002	This field contains totals of all the

	DENIED CLAIMS READ			Denied Claims read.
19	GRAND TOTALS - DENIED CLAIMS READ - CHARGES	Calculated	DE0002	This field contains totals of amounts of all the Denied Claims Read.
20	GRAND TOTALS- DENIED CLAIMS (ERRORS) - COUNT	Calculated	DE0002	This field contains totals of all the Denied Claims in errors
21	GRAND TOTALS- DENIED CLAIMS ERROR(S) - CHARGES	Calculated	DE0002	This field contains totals of all the amounts for the Denied Claims in error.
22	GRAND TOTALS - PENDED CLAIMS READ - COUNT	Calculated	DE0002	This field contains totals of all the Pended Claims read.
23	GRAND TOTALS - PENDED CLAIMS READ - CHARGES	Calculated	DE0002	This field contains totals of the amounts of all the Pended Claims read.
24	GRAND TOTALS - PENDED CLAIMS ERROR(S) - COUNT	Calculated	DE0002	This field contains totals of all the pended claims in error
25	GRAND TOTALS - PENDED CLAIMS ERROR(S) - CHARGES	Calculated	DE0002	This field contains the totals of amounts of all the Pended Claims in error.
26	GRAND TOTALS - REJECT CLAIMS READ	Calculated	DE0002	This field contains totals of all the Rejected Claims Read
27	GRAND TOTALS - REJECT CLAIMS READ - CHARGES	Calculated	DE0002	This field contains totals of amounts of all the Rejected Claims read.
28	GRAND TOTALS- REJECTED CLAIMS ERROR (S) - COUNT	Calculated	DE0002	This field contains totals of all the Rejected Claims in error
29	GRAND TOTALS - REJECTED CLAIMS ERROR (S) - CHARGES	Calculated	DE0002	This field contains totals of amounts of all the Rejected Claims in error

30	GRAND TOTALS - FATAL ENCOUNTERS READ - COUNT	Calculated	DE0002	This field contains totals of all the Fatal Encounters Read
31	GRAND TOTALS - FATAL ENCOUNTERS READ - CHARGES	Calculated	DE0002	This field contains totaled of amounts of all the Fatal Encounters read
32	GRAND TOTALS- FATAL ENCOUNTERS ERROR(S) - COUNT	Calculated	DE0002	This field contains totals of all the Fatal encounters in error.
33	GRAND TOTALS - FATAL ENCOUNTERS ERROR(S) - CHARGES	Calculated	DE0002	This field contains totals of amounts of all the Fatal encounters in error.

Output Reports MR-O-203 Claims Interface Process Summary Report for Paid Claims & Clean Encounters - Fatal Errors

General Information

This report provides counts and charges that are used to balance the claims used for MARS Processing against the Claims Extract Control Summary Report. This MARS report identifies any paid claims or clean encounters that have one of the critical data fields in error.

Subsystem:	MARS
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	On Demand
Retention:	N/A
Distribution:	FHSC Operations
Program:	MARS Claim Error Processing (MRM015)
Confidential:	No
Sequence:	ICN
Control Breaks:	None

Claims Interface Process Summary Report for Paid Claims & Clean Encounters - Fatal Errors (MR-O-203)

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MRM015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF:MM/DD/CCYY                                   MARS PROCESS SUMMARY REPORT - FATAL ERRORS                   PAG
RUN DATE: MM/DD/CCYY HH:MM

SECTION A: PAID CLAIMS AND CLEAN ENCOUNTERS REJECTED FOR ERRORS

                          CLM CLM AID BNFT  BAC  BAC  OBJECT  MAR  PRV  PRV  MAS
ICN                       TYP MOD CAT PRGM  PGM  SUB  CODE   COS  TYP  SPEC BOE  ENROLLEE ID     PROVIDER   CHARGES
    (1) *                 (2) (3) (4) (5)   (6)  (7)  (8)    (9)  (10) (11) (12)     (13)          (14)       (15)
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999
CCYYDDDMSSSSSSLL          XX   X  XXX  99   999  9999 999999 999  999  999  X/X  999999999999  1234567890 999,999

                                PAID CLAIM (17)          PAID CLAIM          CLEAN ENCNTR        CLEAN ENCNTR
TOTALS                               COUNT                CHARGES                COUNT              CHARGES (2
     IDENTIFIED WITH ERRORS      ZZZ,ZZZ,ZZ9          $$$,$$$,$$9.99 (18)    ZZZ,ZZZ,ZZ9 (19)   $$$,$$$,$$9.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ICN	Claim Request ICN	DE2001	
2	CLM TYP	Claim Type	DE2002	
3	CLM MOD	Claim Type Modifier	DE2003	
4	AID CAT	Enrollee Eligibility Aid Category	DE3009	
5	BNFT PRGM	Benefit Definition Plan Program Code	DE3551	
6	BAC PGM	Budget Program Code	DE9835	
7	BAC SUB	Budget Sub-Program Code	DE9838	
8	OBJECT CODE	Budget Object Code	DE9843	
9	MAR COS	Claim Category of Service	DE2038	

10	PRV TYP	Provider Type	DE4006	
11	PRV SPEC	Provider Specialty Code	DE4007	
12	MAS BOE	Aid Category Money Payment Status Code	DE3306	
13	ENROLLEE ID	Enrollee Identification Number	DE3001	
14	PROVIDER	National Provider Identifier	DE4700	
15	CHARGES	Claim Billed Charge	DE2016	
16	ERROR DESC	Calculated	DE0002	Describes the type of error encountered on paid claims or clean encounter. The error messages are as follows AID CATG - The Aid category is in error on the record PYMT DATE - Payment Date for the claim is not within the date ranges for the processing month BAC PGM - The Budget Accounting Code Program is in error on the record BNFT PRGM - The Benefit Program is in error on the record CATEG SERV - The Category of service is in error on the record ENROLLEE - The Enrollee Id is in error on the record PROV SPEC - The Provider Specialty is in error on the record. It is not present on the PS_ SPECIALTY_R table PROVIDER - The Provider Id is in error on the record. It is zeroes or not numeric PROV TYPE - The Provider type is in error on the record. It is not present on PS_PVTYPE_R table. BIRTHDATE - The Date Of Birth is not a valid date CONFL-COS - The Benefit Program and Category Of Service combination on the record is not valid.
17	IDENTIFIED WITH ERRORS - PAID CLAIM COUNT	Calculated	DE0002	This field is incremented every time a paid claim (media not = '9' and status = '1') is in error for a mandatory field.
18	IDENTIFIED WITH ERRORS - PAID CLAIM CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE every time a paid claim is in error for a mandatory field. This field is only incremented once for

				a paid claim.
19	IDENTIFIED WITH ERRORS - CLEAN ENCOUNTER COUNT	Calculated	DE0002	This field is incremented each time by 1 whenever a clean encounter (media = '9' and status <= '6') has a mandatory field in error
20	IDENTIFIED WITH ERRORS - CLEAN ENCOUNTER CHARGES	Calculated	DE0002	This field is incremented by EWR-N-BILLED-CHARGE every time a clean encounter is in error for a mandatory field. This field is only incremented once for a clean encounter.

Output Reports MR-O-204 Managed Care Information For 1915b Waiver Reporting

General Information

This report provides the Managed Care information for 1915b Waivers. It has a count of enrollees enrolled in each program as well as claim counts for each program.

Subsystem:	MARS
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	VMPM204
Retention:	N/A
Distribution:	N/A
Program:	Managed Care For 1915b Waiver Reporting Process (MRM410)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Managed Care Information For 1915b Waiver Reporting (MR-O-204)

MRM410 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF:05/27/2005 MANAGED CARE INFORMATION FOR 1915B WAIVER REPORTING P
RUN DATE: 06/28/2005 07:45

1 BENEFIT PROGRAM : 01 - MEDICAID 2
AID CATEGORY : TANF ELIGIBILITY (CHILD 3
4 OBJECT CODE : 123101 Outpatient Hospital 4.1

FEDERAL FISCAL YEAR: 2003 5

	MEDALLION			MEDALLION II		
6 FY	7 CLAIMS	8 MGMT FEES	9 TOTAL	10 CARVEOUT	11 CAP FEES	12 TOTAL
OCT	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
NOV	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
DEC	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
JAN	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
FEB	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
MAR	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
APR	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
MAY	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
JUN	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
JUL	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
AUG	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999
SEP	$99,999,999	$99,999,999	$999,999,999	$99,999,999	$99,999,999	$999,999,999

	FEE-FOR SERVICE			ALL PROGRAMS
FY	85 CLAIMS	86 MGMT FEES	87 TOTAL	TOTALS 13
OCT	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
NOV	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
DEC	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
JAN	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
FEB	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
MAR	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
APR	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
MAY	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
JUN	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
JUL	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
AUG	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999
SEP	$99,999,999	$99,999,999	$999,999,999	$99,999,999,999

Managed Care Information For 1915b Waiver Reporting (MR-O-204)

MRM410 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF:05/27/2005 MANAGED CARE INFORMATION FOR 1915B WAIVER REPORTING P
RUN DATE: 06/28/2005 07:45 TOTALS BY AID CATEGORY

BENEFIT PROGRAM : 01 - MEDICAID (14)
AID CATEGORY : TANF ELIGIBILITY (CHILD) (15)
OBJECT CODE :

FEDERAL FISCAL YEAR: 2004 (16)

	MEDALLION				MEDALLION II			
FY	ENROLLED (17)	CLAIMS (18)	MGMT FEES (19)	TOTAL (20)	ENROLLED (21)	CLAIMS (22)	CAP FEE (23)	TOTAL (24)
OCT	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
NOV	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
DEC	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JAN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
FEB	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
MAR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
APR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
MAY	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JUN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JUL	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
AUG	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
YTD	9,999,999 (27)	$999,999,999 (28)	$9,999,999 (29)	$999,999,999 (30)	9,999,999 (31)	$999,999,999 (32)	$999,999,999 (33)	$9,999,999,999 (34)
PMPM =				$999,999.99 (37)				$999,999.99 (38)
QT1	9,999,999 (40)	$999,999,999 (41)	$9,999,999 (42)	$999,999,999 (43)	9,999,999 (44)	$999,999,999 (45)	$999,999,999 (46)	$9,999,999,999 (47)
QT2	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
QT3	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
QT4	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999

	FEE-FOR SERVICE				ALL PROGRAMS	
FY	ENROLLED (88)	CLAIMS (89)	MGMT FEES (90)	TOTAL (91)	ENROLLED (25)	CLAIMS (26)
OCT	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
NOV	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
DEC	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JAN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
FEB	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
MAR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
APR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
MAY	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JUN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JUL	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
AUG	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999

Managed Care Information For 1915b Waiver Reporting (MR-O-204)

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MRM410                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:05/27/2005                        MANAGED CARE INFORMATION FOR 1915B WAIVER REPORTING                    PA
RUN DATE: 06/28/2005 07:45                          TOTALS BY AID CATEGORY


 BENEFIT PROGRAM : 01 - MEDICAID
 AID CATEGORY : TANF ELIGIBILITY (CHILD)
 OBJECT CODE  :

 FEDERAL FISCAL YEAR: 2004

                    FEE-FOR SERVICE                      |     ALL PROGRAMS                                    |
---------(92)--------(93)-----------(94)-------------(95)------+---(35)-----------(36)-----------------------------------+
FY    ENROLLED     CLAIMS       MGMT FEES       TOTAL     |  ENROLLED     CLAIMS                                  |
YTD  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |

PMPM =                                   (96) $999,999.99 |             $999,999.99 (39)                          |

QT1  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT2  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT3  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT4  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |

NOTE: PMPM = YTD TOTAL / YTD ENROLLED
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Managed Care Information For 1915b Waiver Reporting (MR-O-204)

MRM410 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:05/27/2005 MANAGED CARE INFORMATION FOR 1915B WAIVER REPORTING PA
RUN DATE: 06/28/2005 07:45 TOTALS BY BENEFIT PROGRAM : 01

BENEFIT PROGRAM : 01 - MEDICAID (50)
AID CATEGORY :
OBJECT CODE :

FEDERAL FISCAL YEAR: 2004 (51)

	MEDALLION				MEDALLION II			
FY	ENROLLED (52)	CLAIMS (53)	MGMT FEES (54)	TOTAL (55)	ENROLLED (56)	CLAIMS (57)	CAP FEE (58)	TOTAL (59)
OCT	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
NOV	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
DEC	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JAN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
FEB	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
MAR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
APR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
MAY	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JUN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
JUL	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
AUG	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
YTD	(62) 9,999,999	(63) $999,999,999	(64) $9,999,999	(65) $999,999,999	(66) 9,999,999	(67) $999,999,999	(68) $999,999,999	(69) $9,999,999,999
PMPM =				(72) $999,999.99				(73) $999,999.99
	(75)	(76)	(77)	(78)	(79)	(80)	(81)	(82)
QT1	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
QT2	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
QT3	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999
QT4	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999	$999,999,999	$9,999,999,999

	FEE-FOR SERVICE				ALL PROGRAMS	
FY	ENROLLED (101)	CLAIMS (102)	MGMT FEES (103)	TOTAL (104)	ENROLLED (60)	CLAIMS (61)
OCT	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
NOV	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
DEC	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JAN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
FEB	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
MAR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
APR	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
MAY	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JUN	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
JUL	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999
AUG	9,999,999	$999,999,999	$9,999,999	$999,999,999	9,999,999	$999,999,999

Managed Care Information For 1915b Waiver Reporting (MR-O-204)

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MRM410                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:05/27/2005                       MANAGED CARE INFORMATION FOR 1915B WAIVER REPORTING                    P
RUN DATE: 06/28/2005 07:45                      TOTALS BY BENEFIT PROGRAM :  01

 BENEFIT PROGRAM : 01 - MEDICAID
 AID CATEGORY :
 OBJECT CODE  :

 FEDERAL FISCAL YEAR: 2004

                    FEE-FOR SERVICE                      |      ALL PROGRAMS                                    |
-----(105)----------(106)---------(107)----------(108)---------+-----(83)---------(84)-----------------------------------+
FY    ENROLLED      CLAIMS       MGMT FEES       TOTAL     |  ENROLLED      CLAIMS                                |
YTD  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
                                                          |     (68)                    (69)                       |
PMPM =                                  (109) $999,999.99 |          (74)  $999,999.99                             |
      (110)           (111)          (112)          (113)  |     (83)          (84)                                 |
QT1  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT2  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT3  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |
QT4  9,999,999  $999,999,999  $9,999,999  $999,999,999 | 9,999,999  $999,999,999                                |

NOTE: PMPM = YTD TOTAL / YTD ENROLLED
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Program	MARS Enrollment Payment Benefit Program Code	DE6970	This contains the value of benefit program for a particular object code.
2	Benefit Program Description	Calculated	DE0002	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01)or Medicaid Expansion(ben prog 09).
3	Eligibility Aid Category Description	MARS Enrollment Payment Aid Category	DE6971	It can contain the following 3 values. 1. TANF Eligibility 2. ABD Eligibility 3. Medicaid Expansion
4	Object Code	Budget Object Code	DE9843	It contains the value of the Budget Object Code from the Claims input file and equivalent object code description.
4.1	Object Code Description	Budget Object Code Description	DE9844	It is description of object code value (Field 4).
5	Federal Fiscal year	MARS Processing Year	DE6972	It contains the value of the federal fiscal year.
6	Fiscal Year Month Description	Calculated	DE0002	It contains the 3 letter abbreviation for each month of the year.
7	Medallion Claims Amount	MARS Medallion Claims Amount	DE6977	It contains the value for the Medallion Claims amount for the particular month

				for the particular object code.
8	Medallion Management	MARS Medallion Mgmt Fees Total	DE6975	It contains the value for the Medallion Management fee amount for the particular month for the particular object code.
9	Total Medallion Claim amount	Calculated	DE0002	It is the summation of fields 7 and 8
10	Medallion-II Carveout Claims.	MARS Medallion-II Claims	DE6978	It contains the value for the Medallion-II Claims amount for the particular month for the particular object code.
11	Medallion-II Cap Fees.	MARS Medallion-II Cap Fees	DE6976	It contains the value for the Medallion-II Cap Fees amount for the particular month for the particular object code.
12	Medallion-II total amount	Calculated	DE0002	This field is the summation of fields 10 and 11.
13	All Program Totals.	Calculated	DE0002	This field is the summation of fields 9 and 12.
14	Benefit program Description summarized by Aid Category	Calculated	DE0002	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01)or Medicaid Expansion(ben prog 09).
15	Aid Category Description summarized by Aid Category	Calculated	DE0002	It can contain the following 3 values. 1. TANF Eligibility 2. ABD Eligibility 3. Medicaid Expansion
16	Federal Fiscal Year Data summarized by Aid Category	MARS Processing Year	DE6972	It contains the value for the federal Fiscal year
17	Enrollee Count summarized by Aid Category	MARS Medallion Enrollee Count	DE6979	It contains the enrollees enrolled in Medallion program under the aid category for the particular month.
18	Medallion Claims Amount	MARS Medallion Claims Amount	DE6977	It contains the value for the Medallion Claims amount for the particular month summarized by aid category.
19	Medallion Management Fee.	MARS Medallion Mgmt Fees Total	DE6975	It contains the value for the Medallion Management fee amount for the particular month summarized by Aid Category.
20	Total Medallion Claim Amount summarized by Aid Category	Calculated	DE0002	It is the summation of fields 18 and 19.
21	Medallion-II	MARS Medallion-II	DE6980	It contains the count for the Medallion-

	Enrollee Count.	Enrollee Count		II enrollees for the particular aid category for the particular month.
22	Medallion-II Carveout Claims.	MARS Medallion-II Claims	DE6978	It contains the value for the Medallion-II Carveout Claims amount for the particular month summarized by Aid Category.
23	Medallion-II Capitation fees.	MARS Medallion-II Cap Fees	DE6976	It contains the value for the Medallion-II Cap Fees amount for the particular month summarized by Aid Category.
24	Medallion-II Claims Total Amount.	Calculated	DE0002	It is the summation of fields 22 and 23
25	All Programs Enrollee Count.	Calculated	DE0002	It is the summation of fields 17 and 21.
26	All Programs Total Claim Amount.	Calculated	DE0002	It is a summation of fields 20 and 24.
27	YTD Medallion Enrollee totals.	Calculated	DE0002	It contains the year-to-date count of enrollees enrolled in the Medallion program.
28	YTD Medallion Claims count.	Calculated	DE0002	It contains the year-to-date Medallion Claims Amount summarized by Aid Category
29	YTD Medallion Management fees.	Calculated	DE0002	It contains the year-to-date totals for the management fees.
30	YTD Medallion Amount total for Federal Fiscal Year	Calculated	DE0002	It contains the year-to-date totals for the Medallion Claims amount.
31	YTD Medallion-II Enrollee Count for Federal Fiscal Year	Calculated	DE0002	It contains the year-to-date Medallion-II enrollee count summarized by Aid Category
32	YTD Medallion-II Carve out Claims count for Federal Fiscal Year	Calculated	DE0002	It contains the year-to-date Medallion-II Carve out claims count
33	YTD Medallion-II Capitation Fee for Federal Fiscal year	Calculated	DE0002	It contains the year-to-date totals for the Medallion-II Capitation fees for the federal fiscal year
34	YTD All Program Enrollee count for Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 36 and 40
35	YTD Medallion-II	Calculated	DE0002	It is the summation of fields 27 and 31

	Claim totals for Federal Fiscal Year			
36	YTD All Programs Total Amount for Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 30 and 34
37	PMPM for Medallion for Federal Fiscal Year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 30/Field 27).
38	PMPM for Medallion-II for Federal Fiscal Year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 34/Field 31).
39	PMPM for All Programs for Federal Fiscal Year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 36/Field 35).
40	Enrollees enrolled for a particular quarter for Medallion program	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion program for a quarter summarized by aid category for the Federal Fiscal Year
41	Medallion Claims by Quarter for Federal Fiscal Year	Calculated	DE0002	It contains the total amount of claims in Medallion program for a quarter summarized by aid category for the Federal Fiscal Year.
42	Medallion Mgmt Fees by Quarter for Federal Fiscal Year	Calculated	DE0002	It contains the total amount of Management fees in Medallion program for a quarter summarized by aid category for the Federal Fiscal Year.
43	Total Medallion Amount for a Quarter for the Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 41 and 42
44	Enrollees enrolled in Medallion-II for a Quarter for the federal fiscal year	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion-II program for a quarter summarized by aid category for the federal fiscal year.
45	Medallion-II Carve out Claims for a Quarter for federal fiscal year	Calculated	DE0002	It contains the total amount of carveout claims in Medallion-II program for a quarter summarized by aid category for the federal fiscal year.
46	Medallion-II Cap Fees for a Quarter for Federal Fiscal Year	Calculated	DE0002	It contains the total amount of Capitation fees for Medallion-II program for a quarter summarized by aid category for the Federal Fiscal Year.

47	Total Medallion-II amount by Quarter for federal fiscal year	Calculated	DE0002	It is the summation of fields 45 and 46.
48	All Program Total Enrollees by Quarter for Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 40 and 44
49	All Programs Total amount by Quarter for Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 43 and 47.
50	Benefit Program Description summarized by Benefit Program code	Calculated	DE0002	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01)or Medicaid Expansion(ben prog 09).
51	Federal fiscal year data summarized by benefit program code	MARS Processing Year	DE6972	It contains the value of federal fiscal year
52	Enrollees enrolled in Medallion for prior summarized by Benefit program	MARS Medallion Enrollee Count	DE6979	It contains the enrollees enrolled in Medallion program summarized by benefit program for the month.
53	Medallion Claims summarized by Benefit Program Code	MARS Medallion Claims Amount	DE6977	It contains the amount of Claims in Medallion program summarized by Benefit Program Code
54	Medallion Mgmt Fees summarized by Benefit Program Code.	MARS Medallion Mgmt Fees Total	DE6975	It contains the amount of Management fees in Medallion program summarized by Benefit Program Code.
55	Total Amount for Medallion Program summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 53 and 54.
56	Enrollees enrolled in Medallion-II program summarized by Benefit Program Code	MARS Medallion Enrollee Count	DE6979	It contains the number of enrollees enrolled in Medallion-II program summarized by Benefit Program Code
57	Medallion-II Carveout Claims sum-	MARS Medallion-II Claims	DE6978	It contains the amount of carveout claims in Medallion-II program sum-

	marized by Benefit Program Code			marized by Benefit Program Code
58	Medallion-II Cap Fees summarized by Benefit Program Code	MARS Medallion-II Cap Fees	DE6976	It contains the amount of Capitation fees in Medallion-II program summarized by Benefit Program Code
59	Total Medallion-II Claims amount summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 57 and 58.
60	Total no of enrollees for All Programs summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 52 and 56
61	Total Claims amount summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 55 and 59
62	YTD Enrollee count summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date enrollees enrolled in Medallion program summarized by Benefit Program Code
63	YTD Medallion Claims count for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of claims in Medallion program for Federal Fiscal Year summarized by Benefit Program Code
64	YTD Medallion Mgmt Fees for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of management fees in Medallion program for Federal fiscal year summarized by Benefit Program Code
65	YTD Medallion Total Claims amount for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 63 and 64
66	YTD Enrollees enrolled in Medallion-II program for	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion-II program for Federal fiscal year sum-

	Federal fiscal year summarized by Benefit Program Code			marized by Benefit Program Code
67	YTD Medallion-II Carve out claims for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of carveout claims for the Medallion-II program for Federal Fiscal Year summarized by Benefit Program Code
68	YTD Medallion-II Capitation Fee for Federal Fiscal Year Summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of capitation fee claims for the Medallion-II program for Federal Fiscal Year summarized by Benefit Program Code
69	YTD Medallion-II Total Amount for Federal Fiscal Year Summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 67 and 68
70	YTD All Program Enrollee count for Federal Fiscal Year	Calculated	DE0002	It is the summation of fields 62 and 66
71	YTD All Program Total Amount for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 65 and 69
72	PMPM for Medallion for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 65/Field 62).
73	PMPM for Medallion-II for Federal Fiscal Year summarized by Benefit Program Code	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees for Medallion II for Federal Fiscal Year. (Field 69/Field 66).
74	PMPM for All Programs for Federal	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees for All Programs for

	Fiscal Year summarized by Benefit Program Code			Federal Fiscal Year. (Field 71/Field 70).
75	Enrollees enrolled for a particular quarter for Medallion program summarized by Benefit Program Code	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion program for a quarter summarized by benefit program code for the federal fiscal year.
76	Medallion Claims amount for a particular quarter	Calculated	DE0002	It contains the total amount of claims in Medallion program for a quarter summarized by Benefit Program for the federal fiscal year.
77	Medallion Management fees for a particular quarter	Calculated	DE0002	It contains the total amount of Management fees in Medallion program for a quarter summarized by benefit program code for the federal fiscal year.
78	Medallion Total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 76 and 77
79	Medallion-II Enrollees for a particular quarter	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion-II program for a quarter summarized by benefit program code for the federal fiscal year.
80	Medallion-II Carve out Claims for a particular quarter	Calculated	DE0002	It contains the total amount of Carveout claims in Medallion-II program for a quarter summarized by benefit program code for the federal fiscal year.
81	Medallion-II Cap Fees for a particular quarter	Calculated	DE0002	It contains the total amount of Cap fees for Medallion-II program for a quarter summarized by Benefit Program code for the federal fiscal year.
82	Medallion-II Total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 80 and 81
83	All Program enrollee count for a particular quarter	Calculated	DE0002	It is the summation of fields 75 and 79
84	All Program total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 78 and 82
85	MARSFee For Service Claims	MARS Fee For Service Claims Amount	DE7062	

	Amount			
86	MARS Fee For Service Mgmt Fees	MARS Fee For Service Mgmt Fees	DE7063	
87	Fee For Service Total Amount for Federal Fiscal Year	Calculated	DE0002	
88	Fee For Service Enrollee Count Summarized by Aid Category	Calculated	DE0002	
89	Fee For Service Claims Count Summarized by Aid Category	Calculated	DE0002	
90	Fee For Service Mgmt Fees Summarized by Aid Category	Calculated	DE0002	
91	Fee For Service Total Summarized by Aid Category	Calculated	DE0002	
92	YTD Enrollee for Fee For Service	Calculated	DE0002	
93	YTD Claim Totals for Federal Fiscal Year	Calculated	DE0002	
94	YTD Mgmt Fees Totals for Federal Fiscal Year	Calculated	DE0002	
95	YTD Totals for Federal Fiscal Year	Calculated	DE0002	
96	PMPM for Fee for Service for Federal Fiscal Year	Calculated	DE0002	
97	Enrollees enrolled for a particular quarter for Fee For Service Program	Calculated	DE0002	
98	Fee for Service Claims for a particular quarter for	Calculated	DE0002	

	Fee For Service Program			
99	Fee for Service Management Fees for a particular quarter for Fee For Service Program	Calculated	DE0002	
100	Total Fee for Service for a particular quarter for Fee For Service Program	Calculated	DE0002	
101	Enrollee Count Summarized by Benefit Program	Calculated	DE0002	
102	Fee For Service Claims for Federal Fiscal year Summarized by Benefit Program Code	Calculated	DE0002	
103	Fee For Service Mgmt Fees for Federal Fiscal year Summarized by Benefit Program Code	Calculated	DE0002	
104	Total Fee for Service Amount for Federal Fiscal year Summarized by Benefit Program Code	Calculated	DE0002	
105	YTD Enrollee Fee for Service total by Benefit Code	Calculated	DE0002	
106	YTD Claims Fee for Service total by Benefit Code	Calculated	DE0002	
107	YTD Mgmt Fees for Service total by Benefit Code	Calculated	DE0002	
108	YTD Total Fee for Service total by Benefit Code	Calculated	DE0002	
109	YTD PMPM Fee for Service total by	Calculated	DE0002	

	Benefit Code			
110	Fee for Service Quarterly Enrollee total by Benefit Code	Calculated	DE0002	
111	New Field Definition Fee for Service Quarterly Claims total by Benefit Code	Calculated	DE0002	
112	Fee for Service Quarterly Mgmt total by Benefit Code	Calculated	DE0002	
113	Fee for Service Quarterly totals by Benefit Code	Calculated	DE0002	

Output Reports MR-O-205 Managed Care Information For 1915b Transportation Waiver Reporting.

General Information

This report provides the Managed Care information for 1915b Transportation Waivers. It has a count of enrollees enrolled in each program as well as claim counts for each program.

Subsystem:	MARS
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	VMPM205
Retention:	N/A
Distribution:	N/A
Program:	Managed Care For 1915b Transportation Waiver Reporting Process (MRM430)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Managed Care Information For 1915b Transportation Waiver Reporting. (MR-O-205)

XXXXXX
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
1915(B) MANAGED CARE WAIVER TRANSPORTATION SERVICES

REPOR
PAGE

BENEFIT PROGRAM: 07 - FAMIS
MEG : FAMIS
OBJECT CODE : XXXXXX - XXXXXXXXXXXXXXXXXXXXXXXXX

FEDERAL FISCAL YEAR: YYYY

	FFS			MEDALLION I & III(P			A P
FY	CLAIMS	MGMT FEES	TOTAL	CLAIMS	MGMT FEES	TOTAL	T
JUL	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
AUG	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
SEP	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
OCT	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
NOV	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
DEC	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
JAN	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
FEB	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
MAR	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
APR	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
MAY	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
JUN	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$

FEDERAL FISCAL YEAR: YYYY

	FFS			MEDALLION I & III(PCP)			ALL P
FY	CLAIMS	MGMT FEES	TOTAL	CLAIMS	MGMT FEES	TOTAL	T
JUL	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
AUG	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
SEP	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
OCT	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
NOV	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
DEC	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
JAN	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
FEB	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
MAR	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
APR	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
MAY	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$
JUN	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$$,$$9	$$$,$$$,$$9	$$$$,$$$,$$9	$$$,$$

Managed Care Information For 1915b Transportation Waiver Reporting. (MR-O-205)

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XXXXXX                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF: MM/DD/YYYY                     1915(B) MANAGED CARE WAIVER TRANSPORTATION SERVICES                   PAGE N
RUN DATE: MM/DD/YYYY HH:MM                  TOTALS BY MEDICAID ELIGIBILITY GROUP
                        (14)
 BENEFIT PROGRAM: 01 - MEDICAID
 MEG            : ABD                (15)
 OBJECT CODE    :

FEDERAL FISCAL YEAR:  YYY(16)

                          FFS                                  |              MEDALLION I & III(PCP)              ||   ALL PR
     ------------------------------------------------ -  +-----------------------------------------------------++---------
 FY   ENROLLED(17)  CLAIMS(18)  MGMT FEES (19) TOTAL   (20)| ENROLLED (21)CLAIMS    (22) MGMT FEES (23)   TOTAL (24) || ENROLLED
 JUL  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 AUG  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 SEP  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 OCT  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 NOV  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 DEC  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 JAN  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 FEB  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAR  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 APR  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAY  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 JUN  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
        (27)          (28)          (29)        (30)        (31)          (32)          (33)          (34)        (35)
 YTD  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z

 PMPM =                                (37)$,$$$,$$$.99  |                                (38) $,$$$,$$$.99 ||

FEDERAL FISCAL YEAR:  YYYY

                          FFS                                  |              MEDALLION I & III(PCP)              ||   ALL PR
     ------------------------------------------------ -  +-----------------------------------------------------++---------
 FY   ENROLLED      CLAIMS      MGMT FEES      TOTAL      | ENROLLED  CLAIMS        MGMT FEES      TOTAL      || ENROLLED
 JUL  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 AUG  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 SEP  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 OCT  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 NOV  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 DEC  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 JAN  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 FEB  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAR  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 APR  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAY  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 JUN  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
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Managed Care Information For 1915b Transportation Waiver Reporting. (MR-O-205)

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 YTD  ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z

 PMPM =                                $,$$$,$$$.99  |                                $,$$$,$$$.99 ||
        (40)          (41)          (42)        (43)        (44)          (45)          (46)          (47)        (48)
 QTR1 ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR2 ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR3 ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR4 ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9   $$$,$$$,$$9   $$$,$$$,$$9  || ZZ,ZZZ,Z
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Managed Care Information For 1915b Transportation Waiver Reporting. (MR-O-205)

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XXXXXX                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT
AS OF: MM/DD/YYYY                     1915(B) MANAGED CARE WAIVER TRANSPORTATION SERVICES               PAGE N
RUN DATE: MM/DD/YYYY HH:MM              TOTALS BY BENEFIT PROGRAM : XX

 BENEFIT PROGRAM: 01 - MEDICAID
 MEG            :                  (50)
 OBJECT CODE    :

FEDERAL FISCAL YEAR:  YYYY
                                (51)
                          FFS                                   |              MEDALLION I & III(PCP)              ||   ALL PR
     ---(52)-------------------------------------------- -  + ---------------------------------------------------++---------
 FY   ENROLLED      CLAIMS(53)     MGMT (54)ES      TOTA(55)    | ENR(56)LED  CL(57)IS        MGMT (58)S      TO(59)      || ENROL(60)D
 JUL  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 AUG  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 SEP  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 OCT  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 NOV  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 DEC  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 JAN  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 FEB  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAR  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 APR  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAY  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 JUN  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z

 YTD  ZZZ,(62)  $$$,$$(63)$9   $$$,$$(64)$$9 $$$,$$$(65)$9  | ZZZ(66)Z9  $$$,(67)$9  $$$,$$(68)$9  $$$,$$$(69)  || ZZ,(70)Z

 PMPM =                                  $,$$$,$$9.99   |                                  $,$$$,$$9.99 ||
                                  (72)                                                   (73)
 FEDERAL FISCAL YEAR:  YYYY

                          FFS                                   |              MEDALLION I & III(PCP)              ||   ALL PRO
     ---------------------------------------------- -  + ---------------------------------------------------++---------
 FY   ENROLLED      CLAIMS       MGMT FEES      TOTAL       | ENROLLED  CLAIMS        MGMT FEES      TOTAL       || ENROLLED
 JUL  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 AUG  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 SEP  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 OCT  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 NOV  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 DEC  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 JAN  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 FEB  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAR  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 APR  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 MAY  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 JUN  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
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Managed Care Information For 1915b Transportation Waiver Reporting. (MR-O-205)

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 YTD  ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z

 PMPM =                                  $,$$$,$$9.99   |                                  $,$$$,$$9.99 ||
          (75)          (76)          (77)                (78)          (79)          (80)          (81)          (82)          (83)
 QTR1 ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR2 ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR3 ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
 QTR4 ZZZ,ZZ9   $$$,$$$,$$9   $$$,$$$,$$9 $$$,$$$,$$9  | ZZZ,ZZ9  $$$,$$$,$$9  $$$,$$$,$$9  $$$,$$$,$$9  || ZZ,ZZZ,Z
```

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	Benefit Program	MARS Enrollment Payment Benefit Program Code	DE6970	This contains the value of benefit program for a particular object code.
2	Benefit Program Description	Calculated	DE0002	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01) or Medicaid Expansion(ben prog 09) or FAMIS (ben prog 07).
3	Eligibility Aid Category Description	MARS Enrollment Payment Aid Category	DE6971	It can contain the following 4 values. 1. TANF Eligibility 2. ABD Eligibility 3. FAMIS 4. Medicaid Expansion
4	Object Code	Budget Object Code	DE9843	It contains the value of the Budget Object Code from the Claims input file and equivalent object code description.
4.1	Object Code Description	Budget Object Code Description	DE9844	It is description of object code value (Field 4).
5	Federal Fiscal year	Calculated	DE0002	It contains the value of the federal fiscal year.
6	Fiscal Year Month Description	Calculated	DE0002	It contains the 3 letter abbreviation for each month of the year.
7	FFS Claims Amount for Federal Fiscal year.	Calculated	DE0002	It contains the value for the FFS Claims amount for the particular month for the particular object code for the federal fiscal year.
8	FFS Management Fees For Federal Fiscal year.	Calculated	DE0002	It contains the value for the FFS Management fee amount for the particular month for the particular object code for the federal fiscal year.
9	Total FFS Claim amount for Federal Fiscal Year.	Calculated	DE0002	It is the summation of fields 7 and 8.
10	Medallion Claims Amount for Federal Fiscal year.	MARS Medallion Claims Amount	DE6977	It contains the value for the Medallion Claims amount for the particular month for the particular object code for the federal fiscal year.
11	Medallion Management Fees For Federal Fiscal year.	MARS Medallion Mgmt Fees Total	DE6975	It contains the value for the Medallion Management fee amount for the particular month for the particular object code for the federal fiscal year.
12	Total Medallion Claim amount for Federal Fiscal Year.	Calculated	DE0002	It is the summation of fields 10 and 11.

13	All Program Totals for federal fiscal year	Calculated	DE0002	This field is the summation of fields 9 and 12.
14	Benefit program Description summarized by Aid Category	Calculated	DE0002	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01) or FAMIS (ben prog 07)or Medicaid Expansion(ben prog 09).
15	Aid Category Description summarized by Aid Category	Calculated	DE0002	It can contain the following 3 values. 1. TANF Eligibility 2. ABD Eligibility 3. FAMIS 4. Medicaid Expansion
16	Federal Fiscal Year Data summarized by Aid Category	MARS Processing Year	DE6972	It contains the value for the federal Fiscal year
17	Enrollee Count summarized by Aid Category	Calculated	DE0002	It contains the enrollees enrolled in FFS program under the aid category for the particular month.
18	FFS Claims Amount for federal fiscal year	Calculated	DE0002	It contains the value for the FFS Claims amount for the particular month summarized by aid category the federal fiscal year.
19	FFS Management Fee for federal fiscal year	Calculated	DE0002	It contains the value for the FFS Management fee amount for the particular month summarized by Aid Category for the federal fiscal year.
20	Total FFS Claim Amount and management fee for Federal Fiscal year summarized by Aid Category	Calculated	DE0002	It is the summation of fields 18 and 19
21	Enrollee Count summarized by Aid Category	MARS Medallion Enrollee Count	DE6979	It contains the enrollees enrolled in Medallion program under the aid category for the particular month.
22	Medallion Claims Amount for federal fiscal year	MARS Medallion Claims Amount	DE6977	It contains the value for the Medallion Claims amount for the particular month summarized by aid category the federal fiscal year.
23	Medallion Management Fee for federal fiscal year	MARS Medallion Mgmt Fees Total	DE6975	It contains the value for the Medallion Management fee amount for the particular month summarized by Aid Category for the federal fiscal year.

24	Total Medallion Claim Amount for Federal Fiscal year summarized by Aid Category	Calculated	DE0002	It is the summation of fields 22 and 23
25	Enrollee Count for federal fiscal year	Calculated	DE0002	It is the summation of fields 17 and 21
26	Total Claim Amount for Federal Fiscal year summarized by Aid Category	Calculated	DE0002	It is the summation of fields 20 and 24
27	YTD FFS Enrollee totals for federal fiscal year	Calculated	DE0002	It contains the year-to-date count of enrollees enrolled in the FFS program
28	YTD FFS Claims count for federal fiscal year	Calculated	DE0002	It contains the year-to-date FFS Claims Amount summarized by Aid Category
29	YTD FFS Management fees for federal fiscal year	Calculated	DE0002	It contains the year-to-date totals for the management fees for federal fiscal year
30	YTD FFS Amount total for federal fiscal year	Calculated	DE0002	It contains the year-to-date totals for the FFS Claims amount. Summation of field 28 and 29.
31	YTD Medallion Enrollee totals for federal fiscal year	Calculated	DE0002	It contains the year-to-date count of enrollees enrolled in the Medallion program
32	YTD Medallion Claims count for federal fiscal year	Calculated	DE0002	It contains the year-to-date Medallion Claims Amount summarized by Aid Category
33	YTD Medallion Management fees for federal fiscal year	Calculated	DE0002	It contains the year-to-date totals for the management fees for federal fiscal year
34	YTD Medallion Amount total for federal fiscal year	Calculated	DE0002	It contains the year-to-date totals for the Medallion Claims amount. Summation of field 32 and 33 .
35	YTD Medallion and FFS Enrollee Count for federal fiscal year	Calculated	DE0002	It contains the year-to-date Medallion and FFS enrollee count summarized by Aid Category. Summation of field 27 and 31 .
36	YTD Medallion and FFS Claims count for federal	Calculated	DE0002	It contains the year-to-date Medallion and FFS claims count. Summation of field 30 and 34 .

	fiscal year			
37	PMPM for FFS for federal fiscal year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 30/Field 27).
38	PMPM for Medallion for federal fiscal year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees.(Field 34/Field 31).
39	PMPM for All Programs for federal fiscal year	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 36/Field 35).
40	Enrollees enrolled for a particular quarter for Medallion program	Calculated	DE0002	It contains the total number of enrollees enrolled in FFS program for a quarter summarized by aid category for the federal fiscal year.
41	FFS Claims by Quarter for federal fiscal year	Calculated	DE0002	It contains the total amount of claims in FFS program for a quarter summarized by aid category for the federal fiscal year.
42	FFS Mgmt Fees by Quarter for federal fiscal year	Calculated	DE0002	It contains the total amount of Management fees in FFS program for a quarter summarized by aid category for the federal fiscal year.
43	Total Medallion Amount for a Quarter for the federal fiscal year	Calculated	DE0002	It is the summation of fields 41 and 42
44	Enrollees enrolled in Medallion for a Quarter for the federal fiscal year	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion program for a quarter summarized by aid category for the federal fiscal year.
45	Medallion Claims for a Quarter for federal fiscal year	Calculated	DE0002	It contains the total amount of carveout claims in Medallion program for a quarter summarized by aid category for the federal fiscal year.
46	Medallion MGMT Fees for a Quarter for federal fiscal year	Calculated	DE0002	It contains the total amount of MGMT fees for Medallion program for a quarter summarized by aid category for the federal fiscal year.
47	Total Medallion amount by Quarter for federal fiscal year	Calculated	DE0002	It is the summation of fields 45 and 46.
48	All Program Total Enrollees by Quarter for federal fiscal year	Calculated	DE0002	It is the summation of fields 40 and 44

49	All Programs Total amount by Quarter for federal fiscal year	Calculated	DE0002	It is the summation of fields 43 and 47.
50	Benefit Program Description summarized by Benefit Program code		DE0000	Depending on the value of the benefit program code, it contains a value of either Medicaid (ben prog 01) or FAMIS (ben prog 07) or Medicaid Expansion(ben prog 09).
51	Federal fiscal year data summarized by benefit program code		DE0000	It contains the value of federal fiscal year
52	Enrollees enrolled in FFS for prior fiscal year summarized by Benefit program	Calculated	DE0002	It contains the enrollees enrolled in FFS program summarized by benefit program for the federal fiscal year for the month.
53	FFS Claims for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the amount of Claims in FFS program for Federal fiscal year summarized by Benefit Program Code
54	FFS Mgmt Fees for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the amount of Management fees in FFS program for Federal fiscal year summarized by Benefit Program Code
55	Total Amount for FFS Program for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 53 and 54.
56	Enrollees enrolled in Medallion program for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the number of enrollees enrolled in Medallion program for Federal fiscal year summarized by Benefit Program Code
57	Medallion Claims for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the amount of carveout claims in Medallion program for Federal fiscal year summarized by Benefit Program Code

58	Medallion MGMT Fees for Federal fiscal year summarized by Benefit Program Code		DE0000	It contains the amount of Capitation fees in Medallion program for Federal fiscal year summarized by Benefit Program Code
59	Total Medallion Claims amount for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 57 and 58
60	Total no of enrollees for All Programs for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 52 and 56
61	Total Claims amount for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 55 and 59
62	YTD Enrollee count for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date enrollees enrolled in Medallion program for Federal fiscal year summarized by Benefit Program Code
63	YTD FFS Claims count for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of claims in FFS program for Federal fiscal year summarized by Benefit Program Code
64	YTD FFS Mgmt Fees for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of management fees in FFS program for Federal fiscal year summarized by Benefit Program Code
65	YTD FFS Total Claims amount for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 63 and 64
66	YTD Enrollees	Calculated	DE0002	It contains the total number of

	enrolled in Medallion program for Federal fiscal year summarized by Benefit Program Code			enrollees enrolled in Medallion program for Federal fiscal year summarized by Benefit Program Code
67	YTD Medallion claims for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of carveout claims for the Medallion program for Federal fiscal year summarized by Benefit Program Code
68	YTD Medallion MGMT Fee for Federal Fiscal Year Summarized by Benefit Program Code	Calculated	DE0002	It contains the year-to-date amount of MGMT fee claims for the Medallion program for Federal fiscal year summarized by Benefit Program Code
69	YTD Medallion Total Amount for Federal Fiscal Year Summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 67 and 68
70	YTD All Program Enrollee count for federal fiscal year	Calculated	DE0002	It is the summation of fields 62 and 66
71	YTD All Program Total Amount for federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is the summation of fields 65 and 69
72	PMPM for FFS for Federal Fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees. (Field 65/Field 62).
73	PMPM for Medallion for Federal fiscal year summarized by Benefit Program Code	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees for Medallion for federal fiscal year. (Field 69/Field 66).
74	PMPM for All Programs for federal fiscal year sum-	Calculated	DE0002	It is calculated as YTD Total Amount / YTD Enrollees for All Programs for federal fiscal year. (Field 71/Field 70).

	marized by Benefit Program Code			
75	Enrollees enrolled for a particular quarter for FFS program summarized by Benefit Program Code	Calculated	DE0002	It contains the total number of enrollees enrolled in FFS program for a quarter summarized by benefit program code for the federal fiscal year.
76	FFS Claims amount for a particular quarter	Calculated	DE0002	It contains the total amount of claims in FFS program for a quarter summarized by Benefit Program for the federal fiscal year.
77	FFS Management fees for a particular quarter	Calculated	DE0002	It contains the total amount of Management fees in FFS program for a quarter summarized by benefit program code for the federal fiscal year.
78	FFS Total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 76 and 77
79	Medallion Enrollees for a particular quarter	Calculated	DE0002	It contains the total number of enrollees enrolled in Medallion program for a quarter summarized by benefit program code for the federal fiscal year.
80	Medallion Claims for a particular quarter	Calculated	DE0002	It contains the total amount of claims in Medallion program for a quarter summarized by benefit program code for the federal fiscal year.
81	Medallion MGMT Fees for a particular quarter	Calculated	DE0002	It contains the total amount of MGMT fees for Medallion program for a quarter summarized by Benefit Program code for the federal fiscal year.
82	Medallion Total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 80 and 81
83	All Program enrollee count for a particular quarter	Calculated	DE0002	It is the summation of fields 75 and 79
84	All Program total amount for a particular quarter	Calculated	DE0002	It is the summation of fields 78 and 82

Output Reports MR-O-700 DMAS Control File Audit/Update Report

General Information

MARS Control File Audit/Update Report

Subsystem:	MARS
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	VMPM700
Retention:	N/A
Distribution:	N/A
Program:	Service Module: MARS VSAM Control File 'Hard Coded Values' Maintenance (MRM700)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DMAS Control File Audit/Update Report (MR-O-700)

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MRM700                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                            MARS CONTROL FILE AUDIT/UPDATE REPORT                           PAG
RUN DATE: MM/DD/YYYY HH:MM
 RECORD TYPE # : XXXX (1)
   COLUMN NAME:XXXXXXXXXXXXXXXXXX (2)
   TABLE  NAME:XXXXXXXXXXXXXXXXXX (3)  ***  CONTROL FILE AND DB2 DOES NOT MATCH  ***
   INDEX      :0000 (4)
CONTROL FILE                        MMIS DB2 TBL                        MMIS DB2 TBL
VALID VALUE / RANGES (5)(6)         VALID VALUE / RANGES (7)(8)         DESCRIPTION (9)
XXXXXXXXXXXXXX  XXXXXXXXXXXXXX      XXXXXXXXXXXXXX  XXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXX  XXXXXXXXXXXXXX      XXXXXXXXXXXXXX  XXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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NOTE: UPDATE COPYBOOK AND RECOMPILE PROGRAM(S)
COPYBOOK(S) (10) PROGRAM(S) (11)
XXXXXXXX       XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
               XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Record Type	MARS Record Type	DE6080	
2	Column Name	MARS Column Name	DE6772	
3	Table Name	MARS Table Name	DE6773	
4	Index	MARS Index	DE6774	
5	Control File Value/From Range	MARS Value/From Range	DE6494	
6	Control File To Range	MARS To Range	DE6495	
7	MMIS DB2 TBL Value/From Range	MARS Value/From Range	DE6494	
8	MMIS DB2 TBL To Range	MARS To Range	DE6495	
9	MMIS DB2 TBL Description	MARS Description	DE6776	
10	Copybook(s) to be updated	MARS Copybook(s)	DE6777	
11	Programs(s) to be recompiled	MARS Program(s)	DE6778	