Reference Outputs

03/29/2016

Output Reports RF-F-152A Capitation Rate Update File

General Information

This file, created by Capitation Rate Batch Edit program (RFR150), stores valid capitation rate updates. Once the rates are verified by DMAS, the file would be used to update the Capitation Rate Table (RF_CAPITATION)

Subsystem:	Reference
Frequency:	Requested
Volume:	500
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Capitation Rate Update File (RF-F-152A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
N/A				

Output Reports RF-O-002-01 Procedure Audit Trail- Dental

General Information

This report is a detail log of dental updates of procedure data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (Dental) (VMPRDL02)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail- Dental (RF-O-002-01)

```
Report Date: MM-DD-CCYY            VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
         Time: HH:MM:SS                   PROCEDURE AUDIT TRAIL(RF-0-002-01)
                                                    DENTAL

  USER ID         : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
  CONNECTION Id   : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
  DATE            : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	
5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	

9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	ACTION TYPE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
12.1	OLD (Before image of the changed row)		DE0000	

Output Reports RF-O-002-02 ICD Diagnosis Audit Trail

General Information

This report is a detail log of all updates of the ICD Diagnosis data as a result of batch processing. The report displays the old and new version of the data. The length-of-stay data appears only on the batch update report. Additionally a sum of all transactions reflected on the report appears as a totals line at the end of the report.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	HCIA Diagnosis/LOS (RFA040)
Confidential:	No
Sequence:	Diagnosis Code Date Time
Control Breaks:	N/A

ICD Diagnosis Audit Trail (RF-O-002-02)

```
RFA040                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: RF-O-002-
AS OF:MM/DD/CCYY                                      ICD DIAGNOSIS AUDIT TRAIL                               PAGE NUMBER:      ZZ
RUN DATE: MM/DD/CCYY HH:MM

 ACTION TYPE:XXXXXX(2)   LOG DATE: MM/DD/CCYY(3) LOG TIME: HH:MM(4)
DIAG:XXXXXXX(8) ICD VERSION:9(8.1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(9)  BEG:MM/DD/CCYY(10) END:MM/DD/CCYY(11)
AGE:MIN:(14)99 MAX:999(15) ACUTE/TRAUMA:X(16) AEC:999(17) EFF DT:MM/DD/CCYY(18) SEX:X(19)  FAM PLAN:X(20)  PA:X(21)
EMERGENCY:IND: X(22) EFF DT:MM/DD/CCYY(23) EDIT FLAG:X(23.1)  COMO FLAG:X(23.2)  COMO CODE:X(23.3)  MDC:XX(23.4)  HCFA:X(23.5)  ORIG:XXXXX(23.6)  PCLAS:XXX(23.7)

LOS KEY: XXXXX (24)   LOS LINK: XXXXX (25)                                   SINGLE   MULTP   SINGLE   MULTP   SINGLE   MULTP
                                                                               DX       DX      DX       DX      NO       NO
     ------ CURRENT: MM/DD/CCYY (26)-----    ----- PREVIOUS: MM/DD/CCYY (27)--                     SURG     SURG    SURG     SURG
     00 - 19 20 - 34 35 - 49 50 - 64 65 +    00 - 19 20 - 34 35 - 49 50 - 64 65 +   (34)     (35)    (36)     (37)    (38)     (39)
(28)                                                                       AVG LOS: 999.9    999.9   999.9    999.9   999.9    999.9
 10TH:  99    99    99    99    99           99    99    99    99    99             99 (40)  99 (41) 99 (42)  99 (43) 99 (44)  99 (45)
 25TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
 50TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
 75TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
 90TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
 95TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
 99TH:  99    99    99    99    99           99    99    99    99    99             99       99      99       99      99       99
       (29)  (30)  (31)  (32)  (33)         (29)  (30)  (31)  (32)  (33)

                                   TOTAL DIAGNOSIS CODES INPUT:        999,999 (46)
                                   TOTAL DIAGNOSIS CODES UPDATED:      999,999 (47)
                                   TOTAL DIAGNOSIS CODES ADDED:        999,999 (48)
                                   TOTAL DIAGNOSIS CODES ENDED:        999,999 (49)

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

ICD Diagnosis Audit Trail (RF-O-002-02)

```
XXXXXXXX                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              REPORT NO: RF-O-002-02
AS OF MM/DD/CCYY                           HCIA DIAGNOSIS/LOS ERROR REPORT                        PAGE NO:    ZZZZZ9
RUN DATE: MM/DD/CCYY  HH:MM

   DIAGOSIS/
   GROUP ID        ACTION CD          ITEM DESCRIPTION                  ITEM VALUE                   ERROR MESSAGE
     (51)             (52)                  (53)                           (54)                         (55)
   XXXXXXX             X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXX             X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXX             X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXX             X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXX             X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXX


                                          TOTAL DIAGNOSIS CODES INPUT    : 999,999   (56)
                                          TOTAL DIAGNOSIS CODES IN ERROR: 999,999    (57)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
2	ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
8	DIAG	Diagnosis Code	DE5301	
8.1	ICD Version	ICD VERSION INDICATOR	DE5341	
9	(DIAGNOSIS DESCRIPTION)	Diagnosis Name	DE5302	
10	BEG	Diagnosis Coverage Begin Date	DE5318	
11	END	Diagnosis Coverage End Date	DE5319	
14	AGE MIN	Diagnosis Minimum Age	DE5304	
15	(AGE) MAX	Diagnosis Maximum Age	DE5305	
16	ACUTE/TRAUMA	Diagnosis Acute/Trauma Indicator	DE5310	
18	EFF DT	Diagnosis Auto Error Effective Date	DE5309	
19	SEX	Diagnosis Sex Restriction Code	DE5303	
20	FAM PLAN	Diagnosis Family Planning Indicator	DE5316	
21	PA	Diagnosis Prior Authorization Indicator	DE5321	
22	EMERGENCY IND	Diagnosis Emergency Code	DE5322	
23	EFF DT	Diagnosis Emergency Code Effective Date	DE5342	
23.1	EDIT FLAG	Diagnosis Edit Flag	DE5311	
23.2	COMO FLAG	Diagnosis Combo Flag	DE5312	
23.3	COMO CODE	Diagnosis Como Code	DE5313	
23.4	MDC	Diagnosis MDC	DE5314	

23.5	HCFA	Diagnosis HCFA	DE5315	
23.6	ORIG	Diagnosis Original	DE5317	
23.7	PCLAS	Diagnosis Procedure Class Indicator	DE5340	
24	LOS KEY	HCIA LOS Group	DE5467	
25	LOS LINK	LOS Link	DE5330	
26	CURRENT	LOS Begin	DE5329	
27	PREVIOUS	LOS Begin	DE5329	
28	(LOS PERCENTILE)	LOS Percentile	DE5323	
29	(LOS) 00-19	LOS for Age Range 00-19	DE5335	
30	(LOS) 20-34	LOS for Age Range 20-34	DE5336	
31	(LOS) 35-49	LOS for Age Range 35-49	DE5337	
32	(LOS) 50-64	LOS for Age Range 50-64	DE5338	
33	(LOS) 65 +	LOS for Age Range 65+	DE5339	
34	AVG LOS: SINGLE DX	LOS Average for Single Diagnosis	DE5327	
35	AVG LOS: MULTP DX	LOS Average for Multiple Diagnosis	DE5328	
36	AVG LOS: SINGLE DX SURG	LOS Average for Single Diagnosis With Surgery	DE5351	
37	AVG LOS: MULTP DX SURG	LOS Average for Multiple Diagnosis With Surgery	DE5349	
38	AVG LOS: SINGLE DX NO SURG	LOS Average for Single Diagnosis Without Surgery	DE5352	
39	AVG LOS: MULTP DX NO SURG	LOS Average for Multiple Diagnosis Without Surgery	DE5350	
40	(LOS PERCENTILE) SINGLE DX	LOS Percentile for Single Diagnosis	DE5346	
41	(LOS PERCENTILE) MULTP DX	LOS Percentile for Multiple Diagnosis	DE5343	
42	(LOS PERCENTILE) SINGLE DX SURG	LOS Percentile for Single Diagnosis With Surgery	DE5347	

43	(LOS PERCENTILE) MULT DX SURG	LOS Percentile for Multiple Diagnosis With Surgery	DE5344	
44	(LOS PERCENTILE) SINGLE DX NO SURG	LOS Percentile for Single Diagnosis Without Surgery	DE5348	
45	(LOS PERCENTILE) MULTP DX NO SURG	LOS Percentile for Multiple Diagnosis Without Surgery	DE5345	
46	TOTAL DIAGNOSIS CODES INPUT	Calculated	DE0002	
47	TOTAL DIAGNOSIS CODES UPDATED	Calculated	DE0002	
48	TOTAL DIAGNOSIS CODES ADDED	Calculated	DE0002	
49	TOTAL DIAGNOSIS CODES ENDED	Calculated	DE0002	
51	Diagnosis Code	Diagnosis Code	DE5301	
52	Action CD		DE0000	
53	Item Description		DE0000	
54	Item Value		DE0000	
55	ERROR Message		DE0000	
56	Total diagnosis codes input		DE0000	Calculated
57	Total diagnosis codes in error		DE0000	

Output Reports RF-O-002-03 Formulary Audit Trail - Drug

General Information

This report is a detail log of drug updates of the Formulary data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Formulary Audit Trail (Drug) (VMPRDL04)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Formulary Audit Trail - Drug (RF-O-002-03)

```
VMPRDL04     MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPOR
AS OF:       MM/DD-CCYY                      Formulary Audit Trail - Drug                              PAGE
RUN DATE:    MM/DD/CCYY HH:MM:

  USER ID         : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID            :
  CONNECTION Id   : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME       :
  DATE            : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXX  (10)

    XXXXXXXXX (11)

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX
(13)   Old ->      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX
       Old ->      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX

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

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/     XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX
       Delete

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
                   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	

5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	UPDATE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
13	OLD (Before image of the changed row)		DE0000	
14	INSERT		DE0000	

Output Reports RF-O-002-04 Procedure Audit Trail - Medical

General Information

This report is a detail log of medical updates of the procedure data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (Medical) (VMPRDL05)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail - Medical (RF-O-002-04)

```
VMPRDL05     MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:       MM/DD-CCYY                      Procedure Audit Trail - Medical                           PAG
RUN DATE:    MM/DD/CCYY HH:MM:

  USER ID          : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID            :
  CONNECTION Id    : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME       :
  DATE             : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

                   COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                  -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
(13)   Old ->    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

                   COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                  -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Old ->    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

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

                   COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                  -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/   XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Delete

                   COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                  -----------  -----------  -----------  -----------  -----------  -----------  -----------
                  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	

5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	UPDATE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
13	OLD (Before image of the changed row)		DE0000	
14	INSERT		DE0000	

Output Reports RF-O-002-05 Procedure Audit Trail - Revenue

General Information

This report is a detail log of revenue updates of the procedure data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (Revenue) (VMPRDL06)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail - Revenue (RF-O-002-05)

```
VMPRDL06      MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPOR
AS OF:        MM/DD-CCYY                      Procedure Audit Trail - Revenue                          PAGE
RUN DATE:     MM/DD/CCYY HH:MM:

  USER ID          : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID
  CONNECTION Id    : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME
  DATE             : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

                     COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
(13)   Old ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

                     COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Old ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

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

                     COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Delete

                     COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
                    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with		DE0000	

	DB2)			
5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	UPDATE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
13	OLD (Before image of the changed row)		DE0000	
14	Insert		DE0000	

Output Reports RF-O-002-06 Procedure Audit Trail - ICD-10-CM

General Information

This report is a detail log of all updates of the ICD Procedure data as a result of batch processing. The report displays the old and new version of the ICD-10-CM procedure data. The length-of-stay data appears only on the batch update audit trail report. Additionally a sum of all transactions reflected on the report appears as a totals line at the end of the report.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	HCIA Diagnosis/LOS (RFA040)
Confidential:	No
Sequence:	Log Date Procedure Code
Control Breaks:	N/A

Procedure Audit Trail - ICD-10-CM (RF-O-002-06)

```
RFA040        MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:        MM/DD-CCYY                        Procedure Audit Trail - ICD-10-CM                          PAGE
RUN DATE:     MM/DD/CCYY HH:MM:

  USER ID          : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID            :
  CONNECTION Id    : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME       :
  DATE             : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->     XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
(13)   Old ->     XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->     XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Old ->     XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

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

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Delete

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
                  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------------
```

Procedure Audit Trail - ICD-10-CM (RF-O-002-06)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF MM/DD/CCYY PROCEDURE AUDIT TRAIL
RUN DATE: MM/DD/CCYY HH:MM ICD-10-CM

XXX(1) ACTION TYPE: XXXXXX (2) LOG DATE: MM/DD/CCYY (3) LOG TIME: HH:MM:SS(4) TERM ID: XXXX (5) OPER ID: XXXXXXXX(6)
REC ID: X(8) PROC CD: XXXXXXX(9) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(10) BEG: MM/DD/CCYY(11) END: MM/DD/CCYY(12) AGE: MIN: 9
P/R: X (16) UVSP: XXX (17) PA: TYPE: XX (18) EFF: MM/DD/CCYY(18.1)

(22) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(23) TYPE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(24) TPL CODES: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(25) XREF: XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XX
(25.1) DUP CK: PA: X X X X X X X X X X X X X
(25.2)

(43) PROV TYP	(44) PROV SPEC	(45) BEGIN DT	(46) END DT	(43) PROV TYP	(44) PROV SPEC	(45) BEGIN DT	(46) END DT
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY

(47) FLAG	(48) S/R	(49) BEGIN DT	(50) END DT	(47) FLAG	(48) S/R	(49) BEGIN DT	(50) END DT	(47) FLAG	(48) S/R	(49) BEGIN DT	(50) END
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD

LOS KEY: XXXXX (51) XXXXX (52)

(55)	------ CURRENT: MM/DD/CCYY (53) ------ 00 - 19	20 - 34	35 - 49	50 - 64	65 +	------ PREVIOUS: MM/DD/CCYY (54) ------ 00 - 19	20 - 34	35 - 49	50 - 64	65 +
10TH :	99	99	99	99	99	99	99	99	99	99
25TH :	99	99	99	99	99	99	99	99	99	99
50TH :	99	99	99	99	99	99	99	99	99	99
75TH :	99	99	99	99	99	99	99	99	99	99
90TH :	99	99	99	99	99	99	99	99	99	99
95TH :	99	99	99	99	99	99	99	99	99	99
99TH :	99	99	99	99	99	99	99	99	99	99
	(56)	(57)	(58)	(59)	(60)	(56)	(57)	(58)	(59)	(60)

	SINGLE DX	MULTP DX	SINGLE DX SURG	MULTP DX SURG	SINGL NO SUR
AVG LOS:	999.9 (62)	999.9 (63)	999.9 (64)	999.9 (65)	999. (6
	99 (68)	99 (69)	99 (70)	99 (71)	99
	99	99	99	99	99
	99	99	99	99	99
	99	99	99	99	99
	99	99	99	99	99
	99	99	99	99	99
	99	99	99	99	99

TOTAL RECORDS READ: Z,ZZZ,ZZ9 (74)
TOTAL ADD RECORDS READ: Z,ZZZ,ZZ9 (75)
TOTAL CHANGE RECORDS READ: Z,ZZZ,ZZ9 (76)
TOTAL DELETE RECORDS READ: Z,ZZZ,ZZ9 (77)
TOTAL RECORDS WRITTEN: Z,ZZZ,ZZ9 (78)

Procedure Audit Trail - ICD-10-CM (RF-O-002-06)

```
XXXXXXXX                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/CCYY                                   HCIA PROCEDURE ERROR REPORT                                PA
RUN DATE: MM/DD/CCYY  HH:MM

     PROCEDURE/
     GROUP ID          ACTION CD          ITEM DESCRIPTION                    ITEM VALUE                        ERR
       (79)              (80)                  (81)                              (82)
       XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXX
                                   XXXXXXXXXXXXXXXXXXXXXXXXXX
       XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXX
                                   XXXXXXXXXXXXXXXXXXXXXXXXXX
       XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXX
                                   XXXXXXXXXXXXXXXXXXXXXXXXXX
       XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXX
                                   XXXXXXXXXXXXXXXXXXXXXXXXXX
       XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXX
                                   XXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   TOTAL PROCEDURE CODES INPUT      : 999,999  (84)
                                                   TOTAL PROCEDURE CODES IN ERROR: 999,999  (85)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)		DE0000	
2	ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
5	TERM ID	Log Terminal Iden-tification	DE5707	
6	OPER ID	Log Operator Iden-tification	DE5706	
8	REC ID	Procedure Code Type	DE5001	
9	PROC CD	Procedure Code	DE5002	
10	(PROCEDURE	Procedure Short Name	DE5015	

	NAME)			
11	BEG	Procedure Coverage Begin Date	DE5003	
12	END	Procedure Coverage End Date	DE5004	
13	AGE MIN	Procedure Minimum Age Limit	DE5009	
14	(AGE) MAX	Procedure Maximum Age Limit	DE5010	
15	SEX	Valid Sex Code	DE5011	
16	P/R	Procedure Pend Review Indicator	DE5007	
17	UVSP	Procedure Maximum UVSP	DE5016	
18	PA: TYPE	PA Type Effective Date	DE5018	
18.1	EFF	Procedure PA Type	DE5017	
22	PLACE SERV	Claim Professional Place of Service	DE2173	
23	TYPE SERV	Claim Type of Service	DE2072	
24	TPL CD	TPL Code	DE5422	
25	X-REF	Cross Reference Procedure Code	DE5164	
25.1	XREF-DUP-CK	Cross Reference Procedure Duplicate Check	DE5139	
25.2	XREF-PA	Cross Reference Procedure Prior Auth Indicator	DE5140	
43	PROV TYP	Provider Type	DE4006	
44	PROV SPEC	Provider Specialty Code	DE4007	
45	BEGIN DT	Procedure Valid Provider Type-Specialty Begin Date	DE5173	
46	END DT	Procedure Valid Provider Type-Specialty End Date	DE5174	
47	FLAG	Flag Code	DE5165	
48	S/R	Flag Date Type Code	DE5240	
49	BEGIN DT	Flag Begin Date	DE5242	
50	END DT	Flag End Date	DE5243	

51	LOS KEY	HCIA LOS Group	DE5467	
52	(ALL DEFAULT LOS)		DE0000	
53	CURRENT	LOS Begin	DE5329	
54	PREVIOUS	LOS Begin	DE5329	
55	(LOS PERCENTILE)	LOS Percentile	DE5323	
56	(LOS) 00-19	LOS for Age Range 00-19	DE5335	
57	(LOS) 20-34	LOS for Age Range 20-34	DE5336	
58	(LOS) 35-49	LOS for Age Range 35-49	DE5337	
59	(LOS) 50-64	LOS for Age Range 50-64	DE5338	
60	(LOS) 65 +	LOS for Age Range 65+	DE5339	
62	AVG LOS: SINGLE DX	LOS Average for Single Diagnosis	DE5327	
63	AVG LOS: MULTP DX	Drug Obsolete Date	DE5238	
64	AVG LOS: SINGLE DX SURG	LOS Average for Single Diagnosis With Surgery	DE5351	
65	AVG LOS: MULTP DX SURG	LOS Average for Multiple Diagnosis With Surgery	DE5349	
66	AVG LOS: SINGLE DX NO SURG	LOS Average for Single Diagnosis Without Surgery	DE5352	
67	AVG LOS: MULTP DX NO SURG	LOS Average for Multiple Diagnosis Without Surgery	DE5350	
68	(LOS PERCENTILE) SINGLE DX	LOS Percentile for Single Diagnosis	DE5346	
69	(LOS PERCENTILE) MULTP DX	LOS Percentile for Multiple Diagnosis	DE5343	
70	(LOS PERCENTILE) SINGLE DX SURG	LOS Percentile for Single Diagnosis With Surgery	DE5347	

71	(LOS PERCENTILE) MULTP DX SURG	LOS Percentile for Multiple Diagnosis With Surgery	DE5344	
72	(LOS PERCENTILE) SINGLE DX NO SURG	LOS Percentile for Single Diagnosis Without Surgery	DE5348	
73	(LOS PERCENTILE) MULTP DX NO SURG	LOS Percentile for Multiple Diagnosis Without Surgery	DE5345	
74	TOTAL RECORDS READ	Calculated	DE0002	
75	TOTAL ADD RECORDS READ	Calculated	DE0002	
76	TOTAL CHANGE RECORDS READ	Calculated	DE0002	
77	TOTAL DELETE RECORDS READ	Calculated	DE0002	
78	TOTAL RECORDS WRITTEN	Calculated	DE0002	
79	Procedure Code	Procedure Code	5002	
80	Action CD		DE0000	
81	Item Description		DE0000	
82	Item Value		DE0000	
83	Error Message		DE0000	
84	Total procedure codes input	Calculated	DE0002	calculated
85	Total procedure codes in error	Calculated	DE0002	Calculated

Output Reports RF-O-002-07 Procedure Audit Trail - Home Health

General Information

This report is a detail log of all updates of the Home Health procedure data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (Home Health) (VMPRDL08)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail - Home Health (RF-O-002-07)

```
VMPRDL08     MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:       MM/DD-CCYY                      Procedure Audit Trail - Home Health                            PA
RUN DATE:    MM/DD/CCYY HH:MM:

  USER ID          : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID            :
  CONNECTION Id    : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME       :
  DATE             : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
(13)   Old ->      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Old ->      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

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

                    COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/     XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Delete

                    COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                   -----------  -----------  -----------  -----------  -----------  -----------  -----------
                   XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	

5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	ACTION TYPE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
12.1	OLD (Before image of the changed row)		DE0000	

Output Reports RF-O-002-08 Procedure Audit Trail - Hospice

General Information

This report is a detail log of all updates of the Hospice procedure data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (Hospice) (VMPRDL09)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail - Hospice (RF-O-002-08)

```
VMPRDL09      MM/DD/CCYY HH:MM:SS    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:        MM/DD-CCYY                      Procedure Audit Trail - Hospice                         PAG
RUN DATE:     MM/DD/CCYY HH:MM:

  USER ID          : XXXXXXXX     (1)          CORRELATION ID  : XXXXXXXX      (2)          URID
  CONNECTION Id    : XXXXXXXXXX   (4)          CONNECTION TYPE : XXXXXXXXXXX   (5)          PLAN NAME
  DATE             : MM-DD-CCYY   (7)          TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

                     COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
(12)   New ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
(13)   Old ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

                     COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
       New ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Old ->       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

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

                     COLUMN 1     COLUMN 2     COLUMN 3     COLUMN 4     COLUMN 5     COLUMN 6     COLUMN 7
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
(14)   Insert/      XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX
       Delete

                     COLUMN 9     COLUMN 10    COLUMN 11    COLUMN 12    COLUMN 13    COLUMN 14    COLUMN 15
                    -----------  -----------  -----------  -----------  -----------  -----------  -----------
                    XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX

 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	

5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	UPDATE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
13	OLD (Before image of the changed row)		DE0000	
14	INSERT		DE0000	

Output Reports RF-O-002-09 ICD Diagnosis Audit Trail

General Information

This report is a detail log of all updates of the ICD Diagnosis data. The report displays the old and new version of the data.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	On-Demand
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail (ICD Diagnosis) (VMPRDL03)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

ICD Diagnosis Audit Trail (RF-O-002-09)

```
Report Date: MM-DD-CCYY            VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
         Time: HH:MM:SS                   ICD DIAGNOSIS AUDIT TRAIL(RF-0-002-09)


  USER ID         : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            :
  CONNECTION Id   : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       :
  DATE            : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


    XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	
5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	

9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	ACTION TYPE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
12.1	OLD (Before image of the changed row)		DE0000	

Output Reports RF-O-002-10 Procedure Audit Trail - ICD-10-CM

General Information

This report is a detail log of all updates of the ICD Procedure data. The report displays the old and new version of the ICD-10-CM procedure data.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Procedure Audit Trail(ICD-10-CM) (VMPRDL07)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Procedure Audit Trail - ICD-10-CM (RF-O-002-10)

```
Report Date: MM-DD-CCYY            VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
         Time: HH:MM:SS                   PROCEDURE AUDIT TRAIL(RF-O-002-10)
                                                    ICD-10-CM

  USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            :
  CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       :
  DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

    XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 2   AAAAAAAAAA   200000000
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	
5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	ACTION TYPE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
12.1	OLD (Before image of the changed row)		DE0000	

Output Reports RF-O-002-11 DRG Audit Trail

General Information

This report is a detail log of all updates of the DRG data. The report displays the original value and the updated value.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer DRG Audit Trail (RF-O-111) (VMPRDL10)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

DRG Audit Trail (RF-O-002-11)

```
Report Date: MM-DD-CCYY            VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
         Time: HH:MM:SS                   DRG AUDIT TRAIL(RF-O-002-11)

  USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            :
  CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       :
  DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
  ---------------------------------------------------------------------------------------------------------

    TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

    XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  ----------  ------------------
(12)    New -> 1  AAAAAAAAAA  100000000
(12.1)  Old -> 2  AAAAAAAAAA  2000000      0
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	USER ID	Log Operator Identification	DE5706	
2	CORRELATION ID (The ID associated with the DB2 thread)		DE0000	
3	URID (Unit of recovery ID)		DE0000	
4	CONNECTION ID (Connection ID used by call attachment facility to communicate with DB2)		DE0000	
5	CONNECTION TYPE (Connection type with db2)		DE0000	
6	PLAN NAME (The name of the DB2 plan that was executed)		DE0000	
7	DATE	Log Date	DE5704	
8	TIME	Log Time	DE5705	
9	TABLE (Name of the modified DB2 Table)		DE0000	
10	DATABASE (Name of the modified Database)		DE0000	
11	ACTION TYPE	Log Action Type	DE5702	
12	NEW (After image of the changed row)		DE0000	
12.1	OLD (Before image of the changed row)		DE0000	

Output Reports RF-O-003-01 Procedure Listing - Dental

General Information

This report lists information on individual or all dental procedures depending on the value set member.

Subsystem:	Reference
Frequency:	Monthly / On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (Dental) (RFR00301) Procedure File Listing (ALL) (RFR00305)
Confidential:	No
Sequence:	Procedure Code: Dental
Control Breaks:	N/A

Procedure Listing - Dental (RF-O-003-01)

```
XXXXXXXX                                         VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                                  PROCEDURE LISTING
RUN DATE: MM/DD/CCYY  HH:MM                                            DENTAL

REC ID: X(1)  PROC CD: XXXXXXX(2)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEGIN DT: MM/DD/CCYY(4)  END DT: MM/DD/CCYY (5) AC
TOOTH: IND: X (8)   QUAD: X(9)  SITE: X(10) TYPE: X(11)   P/R: X      UVSP: XXX
PA: TYPE: XX  BEG: MM/DD/CCYY  END: MM/DD/CCYY   PA: AGE: MIN: XXX MAX: XXX  PA OCCURS: X  DAYS: XXX  TDO PROJ CD: XXXXX  BEG: MM/DD/C

(15) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(16) TYPE SERV:  XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(17) TPL CODES:  XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(18) XREF:       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXX
(18.1) DUP CK:  PA : X X          X X          X X          X X          X X          X X          X X          X X
           (18.2)

CAT: XXX    (18.3)

   DESCRIPTION             AREA MAX     EFF DATE                AREA MAX     EFF DATE
XXXXXXXXXXXXXX     IP 1 (20)999999.99 (21) MM/DD/CCYY    OP (22)999999.99 (23)MM/DD/CCYY
      (19)                 999999.99     MM/DD/CCYY             999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 2     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            999999.99     MM/DD/CCYY            999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 3     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            999999.99     MM/DD/CCYY            999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 4     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            999999.99     MM/DD/CCYY            999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 5     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            999999.99     MM/DD/CCYY            999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 6     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            999999.99     MM/DD/CCYY            999999.99     MM/DD/CCYY
                               :              :                      :              :
XXXXXXXXXXXXXX     IP 7     999999.99     MM/DD/CCYY    OP      999999.99     MM/DD/CCYY
                            9999999.99    MM/DD/CCYY            999999.99     MM/DD/CCYY
                    :          :              :                      :              :

   (24)       (25)        (26)          (27)              (24)       (25)        (26)          (27)
PROV TYP   PROV SPEC    BEGIN DT       END DT           PROV TYP   PROV SPEC    BEGIN DT       END DT
   XXX        XXX      MM/DD/CCYY    MM/DD/CCYY            XXX        XXX      MM/DD/CCYY    MM/DD/CCYY
   XXX        XXX      MM/DD/CCYY    MM/DD/CCYY            XXX        XXX      MM/DD/CCYY    MM/DD/CCYY
    :          :           :              :                 :          :           :              :
```

Procedure Listing - Dental (RF-O-003-01)

```
XXXXXXXX                                     VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF MM/DD/CCYY                                             PROCEDURE LISTING
RUN DATE: MM/DD/CCYY  HH:MM                                        DENTAL

 (28)   (29)     (30)         (31)          (28)   (29)     (30)         (31)          (28)   (29)     (30)
FLAG    S/R   BEGIN DT      END DT          FLAG    S/R   BEGIN DT      END DT          FLAG    S/R   BEGIN D
XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CC
XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CC
XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CCYY   MM/DD/CCYY        XXX      X   MM/DD/CC
 :       :       :            :              :       :       :            :              :       :       :

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD	Procedure Code	DE5002	
2	PROCEDURE DESC	Procedure Short Name	DE5015	
3	PROC TYPE	Procedure Code Type	DE5001	
4	PROC TYPE DESC	Procedure Code Type	DE5001	
5	PROC BEG	Procedure Coverage Begin Date	DE5003	
6	PROC END	Procedure Coverage End Date	DE5004	
7	AGE: MIN	Procedure Minimum Age Limit	DE5009	
8	AGE: MAX	Procedure Maximum Age Limit	DE5010	
9	SEX	Valid Sex Code	DE5011	
10	PA TYPE	Procedure PA Type	DE5017	
11	PA EFF DATE	PA Type Effective Date	DE5018	
12	PA END DATE	PA Type End Date	DE5120	
13	CAT	Region Type	DE5244	
14	DESCRIPTION	Region Name	DE5250	
15	INP OUT	Procedure Rate Type	DE5153	Rate Type 'IP' or 'OP'
16	MAX RATE	Procedure Amount	DE5047	
17	EFF DATE	Procedure Amount Effective Date	DE5046	
18	END DATE	Procedure Rate End Date	DE5138	
19	FLAG CDE (1)	Flag Code	DE5165	
20	IND (1)	Flag Date Type Code	DE5240	
21	FLAG BEGIN DT (1)	Flag Begin Date	DE5242	
22	FLAG END DT (1)	Flag End Date	DE5243	
23	FLAG CDE (2)	Flag Code	DE5165	
24	IND (2)	Flag Date Type Code	DE5240	
25	FLAG BEGIN DT (2)	Flag Begin Date	DE5242	
26	FLAG END DT (2)	Flag End Date	DE5243	

27	FLAG CDE (3)	Flag Code	DE5165	
28	IND (3)	Flag Date Type Code	DE5240	
29	FLAG BEGIN DT (3)	Flag Begin Date	DE5242	
30	FLAG END DT (3)	Flag End Date	DE5243	
31	FLAG CDE (4)	Flag Code	DE5165	
32	IND (4)	Flag Date Type Code	DE5240	
33	FLAG BEGIN DT (4)	Flag Begin Date	DE5242	
34	FLAG END DT (4)	Flag End Date	DE5243	
35	FLAG CDE (5)	Flag Code	DE5165	
36	IND (5)	Flag Date Type Code	DE5240	
37	FLAG BEGIN DT (5)	Flag Begin Date	DE5242	
38	FLAG END DT (5)	Flag End Date	DE5243	
39	FLAG CDE (6)	Flag Code	DE5165	
40	IND (6)	Flag Date Type Code	DE5240	
41	FLAG BEGIN DT (6)	Flag Begin Date	DE5242	
42	FLAG END DT (6)	Flag End Date	DE5243	
43	FLAG CDE (7)	Flag Code	DE5165	
44	IND (7)	Flag Date Type Code	DE5240	
45	FLAG BEGIN DT (7)	Flag Begin Date	DE5242	
46	FLAG END DT (7)	Flag End Date	DE5243	
47	FLAG CDE (8)	Flag Code	DE5165	
48	IND (8)	Flag Date Type Code	DE5240	
49	FLAG BEGIN DT (8)	Flag Begin Date	DE5242	
50	FLAG END DT (8)	Flag End Date	DE5243	
51	FLAG CDE (9)	Flag Code	DE5165	
52	IND (9)	Flag Date Type Code	DE5240	
53	FLAG BEGIN DT (9)	Flag Begin Date	DE5242	
54	FLAG END DT (9)	Flag End Date	DE5243	
55	FLAG CDE (10)	Flag Code	DE5165	
56	IND (10)	Flag Date Type Code	DE5240	
57	FLAG BEGIN DT (10)	Flag Begin Date	DE5242	
58	FLAG END DT	Flag End Date	DE5243	

	(10)			

Output Reports RF-O-003-03 Alpha/Numeric ICD Diagnosis Listing

General Information

This report is a listing of the Diagnosis data, in alphabetic/numeric order by diagnosis name/ICD. The associated length-of-stay data is also displayed.

Subsystem:	Reference
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Alpha/Numeric Diagnosis File Listing (RFR00303)
Confidential:	No
Sequence:	Diagnosis Name
Control Breaks:	N/A

Alpha/Numeric ICD Diagnosis Listing (RF-O-003-03)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RF-O-003
AS OF MM/DD/CCYY PAGE NO: ZZZZ
RUN DATE: MM/DD/CCYY HH:MM XXXXXXX ICD DIAGNOSIS LISTING

DIAG: XXXXXXX (1) ICD VERSION: X (1.1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2) BEG: MM/DD/CCYY (3) END: MM/DD/CCYY (4)
AGE: MIN: 99 (7) MAX: 999 (8) ACUTE/TRAUMA: X (9) AEC: 9999 (10) EFF DT: MM/DD/CCYY (11) SEX: X (12) FAM PLAN: X (13) PA: X (14)
EMERGENCY IND: X (15) EFF DT: MM/DD/CCYY (16) EDIT FLAG: X (16.1) COMO FLAG: X (16.2) COMO CODE: X (16.3) MDC: XX (16.4) HCFA: X (16.5) ORIG: XXXXX (16.6) PCLAS: XXX

LOS KEY: XXXXX (17) XXXXX

(21)	CURRENT: MM/DD/CCYY (19) 00-19	20-34	35-49	50-64	65+	PREVIOUS: MM/DD/CCYY (20) 00-19	20-34	35-49	50-64	65+		SINGLE DX (27)	MULTP DX (28)	SINGLE DX SURG (29)	MULTP DX SURG (30)	SINGLE NO SURG (31)	MULTP NO SURG (32)
AVG LOS:												999.9	999.9	999.9	999.9	999.9	999.9
10TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
25TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
50TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
75TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
90TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
95TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	99	99
99TH:	99	99	99	99	99	99	99	99	99	99		99	99	99	99	(37) 99	(38) 99
	(22)	(23)	(24)	(25)	(26)	(22)	(23)	(24)	(25)	(26)		(33)	(34)	(35)	(36)		

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DIAG	Diagnosis Code	DE5301	
1.1	ICD VERSION	ICD Version Indicator	DE5341	
2	(DIAGNOSIS NAME)	Diagnosis Name	DE5302	
3	BEG	Diagnosis Coverage Begin Date	DE5318	
4	END	Diagnosis Coverage End Date	DE5319	
7	AGE MIN	Diagnosis Minimum Age	DE5304	
8	(AGE) MAX	Diagnosis Maximum Age	DE5305	
9	ACUTE/TRAUMA	Diagnosis Acute/Trauma Indicator	DE5310	
10	AEC	Claim Error ESC Code	DE5506	
11	EFF DT	Diagnosis Auto Error Effective Date	DE5309	
12	SEX	Diagnosis Sex Restriction Code	DE5303	
13	FAM PLAN	Diagnosis Family Planning Indicator	DE5316	
14	PA	Diagnosis Prior Authorization Indicator	DE5321	
15	EMERGENCY IND	Diagnosis Emergency Code	DE5322	
16	EFF DT	Diagnosis Emergency Code Effective Date	DE5342	
16.1	EDIT FLAG	Diagnosis Edit Flag	DE5311	
16.2	COMO FLAG	Diagnosis Combo Flag	DE5312	
16.3	COMO CODE	Diagnosis Como Code	DE5313	
16.4	MDC	Diagnosis MDC	DE5314	
16.5	HCFA	Diagnosis HCFA	DE5315	
16.6	ORIG	Diagnosis Original	DE5317	
16.7	PCLAS	Diagnosis Procedure Class Indicator	DE5340	
17	LOS KEY	HCIA LOS Group	DE5467	

18	(ALL DEFAULT LOS)		DE0000	
19	CURRENT	LOS Begin	DE5329	
20	PREVIOUS	LOS Begin	DE5329	
21	(LOS PERCENTILE)	LOS Percentile	DE5323	
22	(LOS) 00-19	LOS for Age Range 00-19	DE5335	
23	(LOS) 20-34	LOS for Age Range 20-34	DE5336	
24	(LOS) 35-49	LOS for Age Range 35-49	DE5337	
25	(LOS) 50-64	LOS for Age Range 50-64	DE5338	
26	(LOS) 65 +	LOS for Age Range 65+	DE5339	
27	AVG LOS: SINGLE DX	LOS Average for Single Diagnosis	DE5327	
28	AVG LOS: MULTP DX	LOS Average for Multiple Diagnosis	DE5328	
29	AVG LOS: SINGLE DX SURG	LOS Average for Single Diagnosis With Surgery	DE5351	
30	AVG LOS: MULTP DX SURG	LOS Average for Multiple Diagnosis With Surgery	DE5349	
31	AVG LOS: SINGLE NO SURG	LOS Average for Single Diagnosis Without Surgery	DE5352	
32	AVG LOS: MULTP NO SURG	LOS Average for Multiple Diagnosis Without Surgery	DE5350	
33	(LOS PERCENTILE) SINGLE DX	LOS Percentile for Single Diagnosis	DE5346	
34	(LOS PERCENTILE) MULTP DX	LOS Percentile for Multiple Diagnosis	DE5343	
35	(LOS PERCENTILE) SINGLE DX SURG	LOS Percentile for Single Diagnosis With Surgery	DE5347	
36	(LOS	LOS Percentile for Mul-	DE5344	

	PERCENTILE) MULTP DX SURG	tiple Diagnosis With Surgery		
37	(LOS PERCENTILE) SINGLE NO SURG	LOS Percentile for Single Diagnosis Without Surgery	DE5348	
38	(LOS PERCENTILE) MULTP NO SURG	LOS Percentile for Multiple Diagnosis Without Surgery	DE5345	

Output Reports RF-O-003-04 Formulary Listing - Drug

General Information

This report lists all information for the Formulary with individual or all drug codes, depending on a value set member.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Formulary File Listing (Drug) (RFR00304)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

Formulary Listing - Drug (RF-O-003-04)

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XXXXXXXX                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                     REP
AS OF MM/DD/CCYY                                           FORMULARY LISTING                                        PA
RUN DATE:  MM/DD/CCYY  HH:MM                                      DRUG

NDC: XXXXXXXXXXX(1)    BRAND NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3)  ADD: MM/DD/CCYY(4)  OBS: MM/DD/CCYY(5)  FORMAT CD:
BEG: MM/DD/CCYY (6)   END: MM/DD/CCYY(7) LAST UPDT CD: X(8) DT: MM/DD/CCYY(9)TIME: HH:MM XX (10)     PREV NDC: XXXXXXXXXXX(11)  REP
GEN: XXXXX(13)  9999999(14)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(15)                                   STRENGTH:  99999999.999(16)  PKG S
V/F:    X(18)  U/U:  X(19) BYPASS:      X(20)  DISP UNIT:    XX(21)  FFP MFG REBATE:          X(22)  UNIT DOSE:  X(23)  UNIT:  XXXXXXXXXX(24)  LABEL
FORM: X(26)  DEA:  X(27) MAINT:         X(28)  STD PKG IND:  X(29)  REBT EFF DT: MM/DD/CCYY(30)  TOP 200:    XXX(31)  DESC:  XXXXXXXXXX(32)  RTE D
CP:     X(34)  CAT:  X(35) RTE ADMIN: XX(36)  GENDER SPEC: X(37)  MAX DISP UNITS:  99999.999(38)                      VOL NUM:     9999.999(39)  MFG:
CLS:   X(41)  DP:    X(42) INST PROD:  X(43)                       MAX QTY:          99999.999(45)  SRVC LIMIT:  X(65.1)  VOL UNITS:    XXXXX(46)  DOSAG
THER STD:  99(48)   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(49)               HCFA APPV DT: MM/DD/CCYY(50)   ALLER
GCN:          99(52)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (53)              HCFA CM PROC CD:    XXXX(54)  HCFA TE
SPEC:      XXX(56)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (57)              HCFA DRUG CAT:           (58)  HCFA DE
AHFS:  999999 (60)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (61)              HCFA DRUG TYP IND:      X(62)  HCFA DE
ORANGE BOOK CD: XX(64)   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (65)
HICL: XXXXXX  XXXXXX  XXXXXX  XXXXXX  XXXXXX  XXXXXX  XXXXXX  XXXXXX  XXXXXX  (65.1)  HICL SEQ: XXXXXX  (65.2)
SMART KEY:GEN: XX SPEC: XXXX HICL: XXXXX  STR:XXXX DOSE: XXX RT: XX  PKSZ:XXX  UDUU: X
(65.2)

ADULT DAILY DOSE:         (MIN)   UNIT:  XXX(66)  QTY: 999999.999(67)  FORM: XX(68)  QTY: 999999.999(69)  (MAX) UNIT: XXX(70)  QTY: 999999.999 (71)  FORM
GER DAILY DOSE:           (MIN)   UNIT:  XXX(74)  QTY: 999999.999(75)  FORM: XX(76)  QTY: 999999.999(77)  (MAX) UNIT: XXX(78)  QTY: 999999.999(79)  FORM
MMAR ABS DAILY DOSE:  (MIN)   UNIT:  XXX(82)  QTY: 999999.999(83)  FORM: XX(84)  QTY: 999999.999(85)  (MAX) UNIT: XXX(86)  QTY: 999999.999(87)  FORM
MMGR ABS DAILY DOSE:  (MIN)   UNIT:  XXX(90)  QTY: 999999.999(91)  FORM: XX(92)  QTY: 999999.999(93)  (MAX) UNIT: XXX(94)  QTY: 999999.999(95)  FORM
```

(98) REF COST	(99) BEG DATE	(100) SRCE	(101) BRAND NEC	(102) BEG DATE	(103) SRCE	(104) DRUG COST	(105) BEG DATE	(106) SRCE	(107) UNIT DOSE
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999
99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999	MM/DD/CCYY	X	99999.9999

(110) FMAC	(111) BEG DATE	(112) SRCE	(113) DIR UNIT PRICE	(114) BEG DATE	(115) SRCE	(116) WAC	(117) BEG DATE	(118) SRCE	(119) AWP	(120) BEG DATE
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY	FDB	99999.9999	MM/DD/CCYY

(123) VMAC (60TH UD)	(124) BEG DATE	(125) VMAC (75TH NON-UD)	(126) BEG DATE
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
3	BRAND NAME	Drug Brand Name	DE5208	
4	ADD	Drug Record Added Date	DE5300	
5	OBS	Drug Obsolete Date	DE5238	
6	BEG	Drug Coverage Begin Date	DE5201	
7	END	Drug Coverage End Date	DE5202	
8	LAST UPDT: CD	Drug Last Update Code	DE5188	
9	(LAST UPDT) DT	Row Update Date	DE0011	
10	(LAST UPDT) TIME	Row Update Date	DE0011	

11	PREV NDC	Drug Previous National Drug Code (NDC)	DE5752	
12	REPL NDC	Drug Replacement National Drug Code (NDC)	DE5753	
13	GCN	Drug Generic Code Number (GCN)	DE5061	
14	(GENERIC SEQUENCE NO.)	Drug Generic (GSN) Sequence Number	DE5731	
15	(DRUG GENERIC NAME)	Drug Generic Name	DE5747	
16	STRENGTH	Drug Strength Number	DE5295	
17	PKG SIZE	Drug Package Size	DE5041	
18	V/F	Drug Virginia Formulary Indicator	DE5219	
19	U/U	Drug Unit of Use Code	DE5193	
20	BYPASS	Drug Update Bypass Indicator	DE5241	
21	DISP UNIT	Drug Dispensing Unit	DE5031	
22	FFP MFG REBATE	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code	DE5197	
23	UNIT DOSE	Drug Unit Dose Code	DE5042	
24	UNIT	Drug Strength Units	DE5296	
25	LABELER ID	Drug Labeler Identifier Code	DE5191	
26	FORM	Drug Form Code	DE5206	
27	DEA	Drug Enforcement Administration (DEA) Code	DE5032	
28	MAINT	Drug Maintenance Code	DE5289	
29	STD PKG IND	Drug Standard Package Code	DE5217	
30	RBT EFF DT	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date	DE5216	
31	TOP 200	Drug Top 200 Code	DE5086	
32	DESC	Drug Strength Descrip-tion	DE5070	

33	RTE DESC	Drug Route Description	DE5091	
34	CP	Drug Co-pay Indicator	DE5071	
35	CAT	Drug Category Code	DE5088	
36	RTE ADMIN	Drug Route of Administration Code	DE5736	
37	GENDER SPEC	Drug Gender-Specific Code	DE5297	
38	MAX DISP UNITS	Drug Maximum Dispensing Units	DE5209	
39	VOL NUM	Drug Strength Volume Number	DE5194	
40	MFG	Drug Manufacturer/Distributor Name	DE5040	
41	CLS	Drug Class Code	DE5059	
42	DP	Drug Direct Price Indicator	DE5203	
43	INST PROD	Drug Institutional Product Code	DE5196	
45	MAX QTY	Drug Maximum Quantity	DE5211	
45.5	SRVC LIMIT	Drug Service Limit Code	DE5072	
46	VOL UNITS	Drug Strength Volume Units	DE5195	
47	DOSAGE FORM	Drug Dosage Form Description	DE5043	
48	THER STD	Drug Therapeutic Class Standard Code	DE5232	
49	(THERAPEUTIC CLASS DESCRIPTION)	Drug Therapeutic Class Standard Description	DE5293	
50	HCFA APPV DT	Drug HCFA Approval Date	DE5110	
51	ALLERGY CD	Drug Allergy Codes	DE5285	
52	GEN	Drug Therapeutic Class Generic Code	DE5037	
53	(THERAPEUTIC CLASS DESCRIPTION)	Drug Therapeutic Class Generic Description	DE5294	
54	HCFA CM PROC CD	Drug HCFA Common Procedure Code (HCPC)	DE5286	
55	HCFA TERM DT	Drug HCFA Termination	DE5112	

		Date		
56	SPEC	Drug Therapeutic Class Specific Code	DE5735	
57	(THERAPEUTIC CLASS DESCRIPTION)	Drug Therapeutic Class Specific Description	DE5292	
58	HCFA DRUG CAT	Drug HCFA Drug Category Code	DE5104	
59	HCFA DESI CD	Drug HCFA DESI Code	DE5105	
60	AHFS	Drug Therapeutic Class AHFS Code	DE5290	
61	(THERAPEUTIC CLASS DESCRIPTION)	Drug Therapeutic Class AHFS Description	DE5291	
62	HCFA DRUG TYP IND	Drug HCFA Drug Type Code	DE5113	
63	HCFA DESI EFF DT	Drug HCFA DESI Effective Date	DE5288	
64	ORANGE BOOK CD	Drug Orange Book Code	DE5754	
65	(ORANGE BOOK CD DESCRIPTION)	Drug Orange Book Code Description	DE5755	
65.1	HICL	Drug Hierarchical Ingredient Code List (HICL)	DE5748	
65.2	HICL SEQ	Drug Hierarchical Ingredient Code List (HICL) Sequence Number	DE5218	
65.3	SMART KEY	Drug Smart Key Code	DE5287	
66	MIN ADULT DAILY DOSE UNIT	Drug Minimum Daily Dose Units	DE5756	Dosage Type '1' (Adult)
67	MIN ADULT DAILY DOSE QTY	Drug Minimum Daily Dose Quantity	DE5737	Dosage Type '1' (Adult)
68	MIN ADULT DAILY DOSE FORM	Drug Minimum Daily Units Form	DE5760	Dosage Type '1' (Adult)
69	MIN ADULT DAILY DOSE QTY	Drug Minimum Daily Units Quantity	DE5758	Dosage Type '1' (Adult)
70	MAX ADULT DAILY DOSE	Drug Maximum Daily Dose Units	DE5757	Dosage Type '1' (Adult)

	UNIT			
71	MAX ADULT DAILY DOSE QTY	Drug Maximum Daily Dose Quantity	DE5738	Dosage Type '1' (Adult)
72	MAX ADULT DAILY DOSE FORM	Drug Maximum Daily Units Form	DE5761	Dosage Type '1' (Adult)
73	MAX ADULT DAILY DOSE QTY	Drug Maximum Daily Units Quantity	DE5759	Dosage Type '1' (Adult)
74	MIN GER DAILY DOSE UNIT	Drug Minimum Daily Dose Units	DE5756	Dosage Type '2' (Geriatric)
75	MIN GER DAILY DOSE QTY	Drug Minimum Daily Dose Quantity	DE5737	Dosage Type '2' (Geriatric)
76	MIN GER DAILY DOSE FORM	Drug Minimum Daily Units Form	DE5760	Dosage Type '2' (Geriatric)
77	MIN GER DAILY DOSE QTY	Drug Minimum Daily Units Quantity	DE5758	Dosage Type '2' (Geriatric)
78	MAX GER DAILY DOSE UNIT	Drug Maximum Daily Dose Units	DE5757	Dosage Type '2' (Geriatric)
79	MAX GER DAILY DOSE QTY	Drug Maximum Daily Dose Quantity	DE5738	Dosage Type '2' (Geriatric)
80	MAX GER DAILY DOSE FORM	Drug Maximum Daily Units Form	DE5761	Dosage Type '2' (Geriatric)
81	MAX GER DAILY DOSE QTY	Drug Maximum Daily Units Quantity	DE5759	Dosage Type '2' (Geriatric)
82	MIN MMAR ABS DAILY DOSE UNIT	Drug Minimum Daily Dose Units	DE5756	Dosage Type '3' (MMAR)
83	MIN MMAR ABS DAILY DOSE QTY	Drug Minimum Daily Dose Quantity	DE5737	Dosage Type '3' (MMAR)
84	MIN MMAR ABS DAILY DOSE FORM	Drug Minimum Daily Units Form	DE5760	Dosage Type '3' (MMAR)
85	MIN MMAR ABS DAILY DOSE QTY	Drug Minimum Daily Units Quantity	DE5758	Dosage Type '3' (MMAR)
86	MAX MMAR ABS DAILY DOSE UNIT	Drug Maximum Daily Dose Units	DE5757	Dosage Type '3' (MMAR)
87	MAX MMAR ABS DAILY DOSE QTY	Drug Maximum Daily Dose Quantity	DE5738	Dosage Type '3' (MMAR)
88	MAX MMAR ABS DAILY DOSE FORM	Drug Maximum Daily Units Form	DE5761	Dosage Type '3' (MMAR)
89	MAX MMAR ABS	Drug Maximum Daily	DE5759	Dosage Type '3' (MMAR)

	DAILY DOSE QTY	Units Quantity		
90	MIN MMGR ABS DAILY DOSE UNIT	Drug Minimum Daily Dose Units	DE5756	Dosage Type '4' (MMGR)
91	MIN MMGR ABS DAILY DOSE QTY	Drug Minimum Daily Dose Quantity	DE5737	Dosage Type '4' (MMGR)
92	MIN MMGR ABS DAILY DOSE FORM	Drug Minimum Daily Units Form	DE5760	Dosage Type '4' (MMGR)
93	MIN MMGR ABS DAILY DOSE QTY	Drug Minimum Daily Units Quantity	DE5758	Dosage Type '4' (MMGR)
94	MAX MMGR ABS DAILY DOSE UNIT	Drug Maximum Daily Dose Units	DE5757	Dosage Type '4' (MMGR)
95	MAX MMGR ABS DAILY DOSE QTY	Drug Maximum Daily Dose Quantity	DE5738	Dosage Type '4' (MMGR)
96	MAX MMGR ABS DAILY DOSE FORM	Drug Maximum Daily Units Form	DE5761	Dosage Type '4' (MMGR)
97	MAX MMGR ABS DAILY DOSE QTY	Drug Maximum Daily Units Quantity	DE5759	Dosage Type '4' (MMGR)
98	REF COST	Drug Price Amount	DE5220	Proce Type 'REF'
99	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'REF'
100	SRCE	Drug Price Source Code	DE5221	Price Type 'REF'
101	BRAND NEC	Drug Price Amount	DE5220	Price Type 'DAW'
102	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'DAW'
103	SRCE	Drug Price Source Code	DE5221	Price Type 'DAW'
104	DRUG COST	Drug Price Amount	DE5220	Price Type 'DC'
105	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'DC'
106	SRCE	Drug Price Source Code	DE5221	Price Type 'DC'
107	UNIT DOSE	Drug Price Amount	DE5220	Price Type 'UD'
108	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'UD'
109	SRCE	Drug Price Source Code	DE5221	Price Type 'UD'
110	FMAC	Drug Price Amount	DE5220	Price Type 'MAC'
111	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'MAC'
112	SRCE	Drug Price Source Code	DE5221	Price Type 'MAC'

113	DIR UNIT PRICE	Drug Price Amount	DE5220	Price Type 'DUP'
114	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'DUP'
115	SRCE	Drug Price Source Code	DE5221	Price Type 'DUP'
116	WAC	Drug Price Amount	DE5220	Price Type 'WAC'
117	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'WAC'
118	SRCE	Drug Price Source Code	DE5221	Price Type 'WAC'
119	AWP	Drug Price Amount	DE5220	Price Type 'AWP'
120	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'AWP'
121	SRCE	Drug Price Source Code	DE5221	Price Type 'AWP'
122	AWP LAST UPDT	Drug Average Whole-sale Price (AWP) Date of Last Change	DE5749	
123	VMAC (60TH UD)	Drug Price Amount	DE5220	Price type 'V60'
124	BEG DATE	Drug Price Effective Date	DE5222	Price type 'V60'
125	VMAC (75TH NON-UD)	Drug Price Amount	DE5220	Price Type 'V75'
126	BEG DATE	Drug Price Effective Date	DE5222	Price Type 'V75'

Output Reports RF-O-003-05 Procedure Listing - Medical

General Information

This report lists information for all medical procedures, depending on the value set member.

Subsystem:	Reference
Frequency:	Monthly / On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (ALL) (RFR00305)
Confidential:	No
Sequence:	Procedure Code: Medical Code
Control Breaks:	N/A

Procedure Listing - Medical (RF-O-003-05)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR
AS OF MM/DD/CCYY PROCEDURE LISTING PAG
RUN DATE: MM/DD/CCYY HH:MM MEDICAL

REC ID: X(1) PROC CD: XXXXXXX(2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEG: MM/DD/CCYY(4) END: MM/DD/CCYY(5) AGE: MIN: 99(6) MAX
LONG NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(9) PRE
FOL-UP: 999 SURG ASST: X P/R: X UVSP: XXX
PA: TYPE: XX BEG: MM/DD/CCYY END: MM/DD/CCYY PA AGE: MIN: XXX MAX: XXX TDO PROJ CODE: XXXXX BEG: MM/DD/CCYY END: MM DD.CC

(21) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX X

(22) TYPE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX X

(23) TPL CODES: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX X

(24) XREF: XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXX

(24.1) DUP CK: (24.2) PA: X X X X X X X X X X X X X X X X

(24.3) CAT: XXX

(25) DESCRIPTION		(26) AREA MAX	(27) EFF DATE	(28) PC	(29) EFF DATE	(30) TC		(31) AREA MAX	(32) EFF DATE	(33) PC	(3 EFF
XXXXXXXXXXXXXX	**IP 1**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99		99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 2**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99		99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 3**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99		99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 4**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99		99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 5**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99		99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 6**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	
XXXXXXXXXXXXXX	**IP 7**	99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		99999.99	MM/DD/CCYY	99999.99	MM/DD/CCYY	99999.99	**OP**	99999.99	MM/DD/CCYY	99999.99	MM/DI
		:	:	:	:	:		:	:	:	

(36) CARRIER		MCARE MAX	BEGIN DT	END DT	MCARE PC	BEGIN DT	END DT	TC
XXXXXXXXXXXXXX	IP 1	99999.99 (37)	MM/DD/CCYY (38)	MM/DD/CCYY (39)	99999.99 (43)	MM/DD/CCYY (44)	MM/DD/CCYY (45)	99999.99 (49)
	OP	99999.99 (40)	MM/DD/CCYY (41)	MM/DD/CCYY (42)	99999.99 (46)	MM/DD/CCYY (47)	MM/DD/CCYY (48)	99999.99 (50)
XXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
XXXXXXXXXXXXXX	IP 3	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
XXXXXXXXXXXXXX	IP 4	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
		.	.	.	.	.	.	.

Procedure Listing - Medical (RF-O-003-05)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
MEDICAL

	(51) RV	(52) BEGIN DT	(53) END DT		(54) RV	(55) BEGIN DT	(56) END DT		(57) PC	(58) BEGIN DT	(59) END DT		(60) PC	B
IP	999.99	MM/DD/CCYY	MM/DD/CCYY	OP	999.99	MM/DD/CCYY	MM/DD/CCYY	IP	999.99	MM/DD/CCYY	MM/DD/CCYY	OP	999.99	MM
	999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM
	999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM/DD/CCYY	MM/DD/CCYY		999.99	MM

(63) PROV TYP	(64) PROV SPEC	(65) BEGIN DT	(66) END DT	(63) PROV TYP	(64) PROV SPEC	(65) BEGIN DT	(66) END DT
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
:	:	:	:	:	:	:	:

(67) MEDICARE ANESTHESIA BASE UNITS (QTY)			(70) ANESTHESIA BASE UNITS (TIME)		
VALUE	(68) BEGIN DT	(69) END DT	UNITS	(71) BEGIN DT	(72) END DT
99.9	MM/DD/CCYY	MM/DD/CCYY	XXXX	MM/DD/CCYY	MM/DD/CCYY
99.9	MM/DD/CCYY	MM/DD/CCYY	XXXX	MM/DD/CCYY	MM/DD/CCYY
99.9	MM/DD/CCYY	MM/DD/CCYY	XXXX	MM/DD/CCYY	MM/DD/CCYY

(73) LAB CD	(74) BEGIN DT	(75) END DT	(73) LAB CD	(74) BEGIN DT	(75) END DT	(73) LAB CD	(74) BEGIN DT	(75) END DT
XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	MM/DD/CCYY	MM/DD/CCYY			

(76) FLAG	(77) S/R	(78) BEGIN DT	(79) END DT	(76) FLAG	(77) S/R	(78) BEGIN DT	(79) END DT	(76) FLAG	(77) S/R	(78) BEGIN DT
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CC
:	:	:	:	:	:	:	:	:	:	:

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD	Procedure Code	DE5002	
2	PROCEDURE DESC	Procedure Short Name	DE5015	
3	PROC TYPE	Procedure Code Type	DE5001	
4	PROC TYPE DESC	Procedure Code Type	DE5001	
5	PROC BEG	Procedure Coverage Begin Date	DE5003	
6	PROC END	Procedure Coverage End Date	DE5004	
7	AGE:MIN	Procedure Minimum	DE5009	

		Age Limit		
8	AGE:MAX	Procedure Maximum Age Limit	DE5010	
9	SEX	Valid Sex Code	DE5011	
10	PA TYPE	Procedure PA Type	DE5017	
11	PA EFF DATE	PA Type Effective Date	DE5018	
12	PA END DATE	PA Type End Date	DE5120	
13	CAT	Region Type	DE5244	
14	DESCRIPTION	Region Name	DE5250	
15	INP OUT	Procedure Rate Type	DE5153	Rate Type 'IP' or 'OP'
16	MAX RATE	Procedure Amount	DE5047	Rate Type 'OP' or 'IP'
17	EFF DATE	Procedure Amount Effective Date	DE5046	
18	END DATE	Procedure Rate End Date	DE5138	Rate Type 'IPPC'
19	PC RATE	Procedure Amount	DE5047	Rate Type 'IPPC' or 'OPPC'
20	PC EFF DATE	Procedure Amount Effective Date	DE5046	
21	PC END DATE	Procedure Rate End Date	DE5138	N/A
22	TC RATE		DE0000	MAX RATE - PC RATE. SPACES IF PC RATE = ZERO
23	TC EFF DATE	Procedure Amount Effective Date	DE5046	Rate Type 'IP'
24	ANESTHESIOLOGY BASE UNITS (1)	Anesthesiology Base Units	DE5050	
25	ANESTHESIOLOGY BEGIN DT (1)	Anesthesiology Base Units Begin Date	DE5051	
26	ANESTHESIOLOGY END DT (1)	Anesthesiology Base Units End Date	DE5163	
27	ANESTHESIOLOGY BASE UNITS (2)	Anesthesiology Base Units	DE5050	
28	ANESTHESIOLOGY BEGIN DT (2)	Anesthesiology Base Units Begin Date	DE5051	
29	ANESTHESIOLOGY END DT (2)	Anesthesiology Base Units End Date	DE5163	
30	ANESTHESIOLOGY BASE UNITS (3)	Anesthesiology Base Units	DE5050	
31	ANESTHESIOLOGY BEGIN DT (3)	Anesthesiology Base Units Begin Date	DE5051	
32	ANESTHESIOLOGY	Anesthesiology Base	DE5163	

	END DT (3)	Units End Date		
33	ANESTHESIOLOGY BASE UNITS (4)	Anesthesiology Base Units	DE5050	
34	ANESTHESIOLOGY BEGIN DT(4)	Anesthesiology Base Units Begin Date	DE5051	
35	ANESTHESIOLOGY END DT (4)	Anesthesiology Base Units End Date	DE5163	
36	ANESTHESIOLOGY BASE UNITS (5)	Anesthesiology Base Units	DE5050	
37	ANESTHESIOLOGY BEGIN DT (5)	Anesthesiology Base Units Begin Date	DE5051	
38	ANESTHESIOLOGY END DT (5)	Anesthesiology Base Units End Date	DE5163	
39	FLAG CDE (1)	Flag Code	DE5165	
40	IND (1)	Flag Date Type Code	DE5240	
41	FLAG BEGIN DT (1)	Flag Begin Date	DE5242	
42	FLAG END DT (1)	Flag End Date	DE5243	
43	FLAG CDE (2)	Flag Code	DE5165	
44	IND (2)	Flag Date Type Code	DE5240	
45	FLAG BEGIN DT (2)	Flag Begin Date	DE5242	
46	FLAG END DT (2)	Flag End Date	DE5243	
47	FLAG CDE (3)	Flag Code	DE5165	
48	IND (3)	Flag Date Type Code	DE5240	
49	FLAG BEGIN DT (3)	Flag Begin Date	DE5242	
50	FLAG END DT (3)	Flag End Date	DE5243	
51	FLAG CDE (4)	Flag Code	DE5165	
52	IND (4)	Flag Date Type Code	DE5240	
53	FLAG BEGIN DT (4)	Flag Begin Date	DE5242	
54	FLAG END DT (4)	Flag End Date	DE5243	
55	FLAG CDE (5)	Flag Code	DE5165	
56	IND (5)	Flag Date Type Code	DE5240	
57	FLAG BEGIN DT (5)	Flag Begin Date	DE5242	
58	FLAG END DT (5)	Flag End Date	DE5243	
59	FLAG CDE (6)	Flag Code	DE5165	
60	IND (6)	Flag Date Type Code	DE5240	
61	FLAG BEGIN DT (6)	Flag Begin Date	DE5242	
62	FLAG END DT (6)	Flag End Date	DE5243	
63	FLAG CDE (7)	Flag Code	DE5165	
64	IND (7)	Flag Date Type Code	DE5240	

65	FLAG BEGIN DT (7)	Flag Begin Date	DE5242	
66	FLAG END DT (7)	Flag End Date	DE5243	
67	FLAG CDE (8)	Flag Code	DE5165	
68	IND (8)	Flag Date Type Code	DE5240	
69	FLAG BEGIN DT (8)	Flag Begin Date	DE5242	
70	FLAG END DT(8)	Flag End Date	DE5243	
71	FLAG CDE (9)	Flag Code	DE5165	
72	IND (9)	Flag Date Type Code	DE5240	
73	FLAG BEGIN DT (9)	Flag Begin Date	DE5242	
74	FLAG END DT (9)	Flag End Date	DE5243	
75	FLAG CDE (10)	Flag Code	DE5165	
76	IND (10)	Flag Date Type Code	DE5240	
77	FLAG BEGIN DT (10)	Flag Begin Date	DE5242	
78	FLAG END DT (10)	Flag End Date	DE5243	

Output Reports RF-O-003-06 Procedure Listing - Revenue

General Information

This report lists information for individual or all revenue codes, depending on the value set member.

Subsystem:	Reference
Frequency:	Monthly / On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (ALL) (RFR00305) Procedure File Listing (Revenue) (RFR00306)
Confidential:	No
Sequence:	Procedure Code: Revenue Code
Control Breaks:	N/A

Procedure Listing - Revenue (RF-O-003-06)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
REVENUE

REC ID: X(1) REV CD: XXXXXXX (2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEG: MM/DD/CCYY(4) END: MM/DD/CCYY(5) AGE: MIN: 99(
P/R: X UVSP: XXX PA: TYPE: XX BEG: MM/DD/CCYY END: MM/DD/CCYY PA AGE: MIN: XXX MAX: XXX TDO PROJ CODE: XXXXX BEG: MM/DD

(17) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(18) TYPE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(19) TPL CODES: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(20) XREF: XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXX

DUP CK: PA: X X X X X X X X X X X X X X
(20.1) (20.2)

(20.3) CAT:

(21) DESCRIPTION		(22) AREA MAX	(23) EFF DATE		(24) AREA MAX	(25) EFF DATE
XXXXXXXXXXXXXXX	IP 1	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 3	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 4	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 5	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 6	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 7	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:

(26) CARRIER		MCARE MAX	BEGIN DT	END DT	MCARE PC	BEGIN DT	END DT	TC
XXXXXXXXXXXXXXX	IP 1	99999.99 (27)	MM/DD/CCYY (28)	MM/DD/CCYY (29)	99999.99 (33)	MM/DD/CCYY (34)	MM/DD/CCYY (35)	99999.99 (39)
	OP	99999.99 (30)	MM/DD/CCYY (31)	MM/DD/CCYY (32)	99999.99 (36)	MM/DD/CCYY (37)	MM/DD/CCYY (38)	99999.99 (40)
XXXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
		:	:	:	:	:	:	:

Procedure Listing - Revenue (RF-O-003-06)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
REVENUE

(41) PROV TYP	(42) PROV SPEC	(43) CLM TYPE	(44) BEGIN DT	(44) END DT	(41) PROV TYP	(42) PROV SPEC	(43) CLM TYPE	(44) BEGIN DT	(44) END DT
XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY

(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮

*** END OF REPORT ***

Procedure Listing - Revenue (RF-O-003-06)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
REVENUE

(41) PROV TYP	(42) PROV SPEC	(43) BEGIN DT	(44) END DT	(41) PROV TYP	(42) PROV SPEC	(43) BEGIN DT	(44) END DT
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
:	:	:	:	:	:	:	:

(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
:	:	:	:	:	:	:	:	:	:	:	:

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD	Procedure Code	DE5002	
2	PROCEDURE DESC	Procedure Short Name	DE5015	
3	PROC TYPE	Procedure Code Type	DE5001	
4	PROC TYPE DESC	Procedure Code Type	DE5001	
5	PROC BEG	Procedure Coverage Begin Date	DE5003	
6	PROC END	Procedure Coverage End Date	DE5004	
7	AGE: MIN	Procedure Minimum Age Limit	DE5009	
8	AGE: MAX	Procedure Maximum Age Limit	DE5010	
9	SEX	Valid Sex Code	DE5011	

10	PA TYPE	Procedure PA Type	DE5017	
11	PA EFF DATE	PA Type Effective Date	DE5018	
12	PA END DATE	PA Type End Date	DE5120	
13	CAT	Region Type	DE5244	
14	DESCRIPTION	Region Name	DE5250	
15	INP OUT	Procedure Rate Type	DE5153	Rate Type 'IP' or 'OP'
16	MAX RATE	Procedure Amount	DE5047	
17	EFF DATE	Procedure Amount Effective Date	DE5046	
18	END DATE	Procedure Amount	DE5047	
19	FLAG CDE (1)	Flag Code	DE5165	
20	IND (1)	Flag Date Type Code	DE5240	
21	BEGIN DT (1)	Flag Begin Date	DE5242	
22	END DT (1)	Flag End Date	DE5243	
23	FLAG CDE (2)	Flag Code	DE5165	
24	IND (2)	Flag Date Type Code	DE5240	
25	FLAG BEGIN DT (2)	Flag Begin Date	DE5242	
26	FLAG END DT (2)	Flag End Date	DE5243	
27	FLAG CDE (3)	Flag Code	DE5165	
28	IND (3)	Flag Date Type Code	DE5240	
29	FLAG BEGIN DT (3)	Flag Begin Date	DE5242	
30	FLAG END DT (3)	Flag End Date	DE5243	
31	FLAG CDE (4)	Flag Code	DE5165	
32	IND (4)	Flag Date Type Code	DE5240	
33	FLAG BEGIN DT (4)	Flag Begin Date	DE5242	
34	FLAG END DT (4)	Flag End Date	DE5243	
35	FLAG CDE (5)	Flag Code	DE5165	
36	IND (5)	Flag Date Type Code	DE5240	
37	FLAG BEGIN DT (5)	Flag Begin Date	DE5242	
38	FLAG END DT (5)	Flag End Date	DE5243	
39	FLAG CDE (6)	Flag Code	DE5165	
40	IND (6)	Flag Date Type Code	DE5240	
41	FLAG BEGIN DT (6)	Flag Begin Date	DE5242	
42	FLAG END DT (6)	Flag End Date	DE5243	
43	FLAG CDE (7)	Flag Code	DE5165	

44	IND (7)	Flag Date Type Code	DE5240	
45	FLAG BEGIN DT (7)	Flag Begin Date	DE5242	
46	FLAG END DT (7)	Flag End Date	DE5243	
47	FLAG CDE (8)	Flag Code	DE5165	
48	IND (8)	Flag Date Type Code	DE5240	
49	FLAG BEGIN DT (8)	Flag Begin Date	DE5242	
50	FLAG END DT (8)	Flag End Date	DE5243	
51	FLAG CDE (9)	Flag Code	DE5165	
52	IND (9)	Flag Date Type Code	DE5240	
53	FLAG BEGIN DT (9)	Flag Begin Date	DE5242	
54	FLAG END DT (9)	Flag End Date	DE5243	
55	FLAG CDE (10)	Flag Code	DE5165	
56	IND (10)	Flag Date Type Code	DE5240	
57	FLAG BEGIN DT (10)	Flag Begin Date	DE5242	
58	FLAG END DT (10)	Flag End Date	DE5243	

Output Reports RF-O-003-07 Procedure Listing - ICD-10-CM

General Information

This report lists information for all ICD-10-CM procedures and associated length of stay.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (ICD-10-CM) (RFR00307)
Confidential:	No
Sequence:	Procedure Code: ICD-10-CM
Control Breaks:	N/A

Procedure Listing - ICD-10-CM (RF-O-003-07)

```
XXXXXXXX                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                          PROCEDURE LISTING
RUN DATE: MM/DD/CCYY  HH:MM                                     ICD-10-CM

REC ID: X(1)   PROC CD: XXXXXXX(2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEG: MM/DD/CCYY(4) END: MM/DD/CCYY(5) AGE: MIN: 99
 P/R: X (9) UVSP: XXX  (10) PA: TYPE: XX (11) EFF: MM/DD/CCYY(12)
(16)
 PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(17) TYPE SERV:  XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(18) TPL CODES:  XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(19) XREF:       XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXXXXXXXXXX  XXX
 DUP CK: PA:  XX            XX            XX            XX            XX            XX            XX            XX
 (19.1) (19.2)
   (36)      (37)      (38)        (39)        (36)      (37)      (38)        (39)
 PROV TYP  PROV SPEC  BEGIN DT    END DT     PROV TYP  PROV SPEC  BEGIN DT    END DT
   XXX       XXX      MM/DD/CCYY  MM/DD/CCYY   XXX       XXX      MM/DD/CCYY  MM/DD/CCYY
   XXX       XXX      MM/DD/CCYY  MM/DD/CCYY   XXX       XXX      MM/DD/CCYY  MM/DD/CCYY
    :         :          :           :          :         :          :           :

 (40)  (41)   (42)        (43)        (40)  (41)   (42)        (43)        (40)  (41)   (42)        (43)
 FLAG  S/R  BEGIN DT    END DT      FLAG  S/R  BEGIN DT    END DT      FLAG  S/R  BEGIN DT    END D
  XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/C
  XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/C
  XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/CCYY   XXX   X   MM/DD/CCYY  MM/DD/C
   :    :      :           :          :    :      :           :          :    :      :           :

 LOS KEY: XXXXX (44)                  XXXXX                                  SINGLE     MULTP     SINGLE     MULTP     SINGLE
                                                                             DX         DX        DX         DX        NO
      ----- CURRENT: MM/DD/CCYY -----(46)   ----- PREVIOUS: -MM/DD/CCYY---(47)                    SURG       SURG      SURG
          00 - 19  20 - 34  35 - 49  50 - 64   65 +   00 - 19  20 - 34  35 - 49  50 - 64  65 +
 (48)                                                                   AVG  LOS:  (54)       (55)       (56)       (57)       (58)
 10TH :  99       99       99       99       99       99       99       99       99       99          999.9      999.9      999.9      999.9      999.9
 25TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
 50TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
 75TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
 90TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
 95TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
 99TH :  99       99       99       99       99       99       99       99       99       99          99         99         99         99         99
         (49)     (50)     (51)     (52)     (53)     (49)     (50)     (51)     (52)     (53)        (60)       (61)       (62)       (63)       (64)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REC ID	Procedure Code Type	DE5001	
2	PROC CD	Procedure Code	DE5002	
3	(PROCEDURE CODE NAME)	Procedure Short Name	DE5015	
4	BEG	Procedure Coverage Begin Date	DE5003	
5	END	Procedure Coverage End Date	DE5004	
6	AGE: MIN	Procedure Minimum Age Limit	DE5009	
7	MAX	Procedure Maximum Age Limit	DE5010	
8	SEX	Valid Sex Code	DE5011	

9	P/R	Procedure Pend Review Indicator	DE5007	
10	UVSP	Procedure Maximum UVSP	DE5016	
11	PA: TYPE	Procedure PA Type	DE5017	
12	EFF	PA Type Effective Date	DE5018	
16	PLACE SERV	Claim Professional Place of Service	DE2173	
17	TYPE SERV	Claim Type of Service	DE2072	
18	TPL CD	TPL Code	DE5422	
19	X-REF	Cross Reference Procedure Code	DE5164	
19.1	XREF-DUP-CK	Cross Reference Procedure Duplicate Check	DE5139	
19.2	XREF-PA	Cross Reference Procedure Prior Auth Indicator	DE5140	
36	PROV TYP	Provider Type	DE4006	
37	PROV SPEC	Provider Specialty Code	DE4007	
38	BEGIN DT	Procedure Valid Provider Type-Specialty Begin Date	DE5173	
39	END DT	Procedure Valid Provider Type-Specialty End Date	DE5174	
40	FLAG	Flag Code	DE5165	
41	S/R	Flag Date Type Code	DE5240	
42	BEGIN DT	Flag Begin Date	DE5242	
43	END DT	Flag End Date	DE5243	
44	LOS KEY	HCIA LOS Group	DE5467	
45	(ALL DEFAULT LOS)		DE0000	
46	CURRENT	LOS Begin	DE5329	
47	PREVIOUS	LOS Begin	DE5329	
48	(PERCENTILE)	LOS Percentile	DE5323	
49	(LOS) 00-19	LOS for Age Range 00-19	DE5335	
50	(LOS) 20-34	LOS for Age Range 20-34	DE5336	

51	(LOS) 35-49	LOS for Age Range 35-49	DE5337	
52	(LOS) 50-64	LOS for Age Range 50-64	DE5338	
52	(LOS) 65 +	LOS for Age Range 65+	DE5339	
54	AVG LOS: SINGLE DX	LOS Average for Single Diagnosis	DE5327	
55	AVG LOS: MULTP DX	LOS Average for Multiple Diagnosis	DE5328	
56	AVG LOS: SINGLE DX SURG	LOS Average for Single Diagnosis With Surgery	DE5351	
57	AVG LOS: MULTP DX SURG	LOS Average for Multiple Diagnosis With Surgery	DE5349	
58	AVG LOS: SINGLE DX NO SURG	LOS Average for Single Diagnosis Without Surgery	DE5352	
59	AVG LOS: MULTP DX NO SURG	LOS Average for Multiple Diagnosis Without Surgery	DE5350	
60	(LOS PERCENTILE) SINGLE DX	LOS Percentile for Single Diagnosis	DE5346	
61	(LOS PERCENTILE) MULTP DX	LOS Percentile for Multiple Diagnosis	DE5343	
62	(LOS PERCENTILE) SINGLE DX SURG	LOS Percentile for Single Diagnosis With Surgery	DE5347	
63	(LOS PERCENTILE) MULTP DX SURG	LOS Percentile for Multiple Diagnosis With Surgery	DE5344	
64	(LOS PERCENTILE) SINGLE DX NO SURG	LOS Percentile for Single Diagnosis Without Surgery	DE5348	
65	(LOS PERCENTILE) MULTP DX NO SURG	LOS Percentile for Multiple Diagnosis Without Surgery	DE5345	

Output Reports RF-O-003-08 Procedure Listing - Home Health

General Information

This report lists information for all Home Health procedures.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (Home Health) (RFR00308)
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	N/A

Procedure Listing - Home Health (RF-O-003-08)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
HOME HEALTH

REC ID: X(1) PROC CD: XXXXXXX(2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEG: MM/DD/CCYY(4) END: MM/DD/CCYY(5) AGE: MIN: 99
P/R: X UVSP: XXX
PA: TYPE: XX BEG: MM/DD/CCYY END: MM/DD/CCYY PA: AGE: MIN: XXX MAX: XXX TDO PROJ CODE: XXXXX BEG: MM/DD/CCYY END: MM

(17) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(18) TYPE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(19) TPL CODES: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX
(20) XREF: XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXX
(20.1) DUP CK: (20.2) PA: X X X X X X X X X X X X X X X X

(20.3) CAT:

(21) DESCRIPTION		(22) AREA MAX	(23) EFF DATE		(24) AREA MAX	(25) EFF DATE
XXXXXXXXXXXXXXX	IP 1	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 3	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 4	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 5	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 6	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 7	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:

(26) CARRIER		MCARE MAX	BEGIN DT	END DT	MCARE PC	BEGIN DT	END DT	TC
XXXXXXXXXXXXXXX	IP 1	99999.99 (27)	MM/DD/CCYY (28)	MM/DD/CCYY (29)	99999.99 (33)	MM/DD/CCYY (34)	MM/DD/CCYY (35)	99999.99 (39)
	OP	99999.99 (30)	MM/DD/CCYY (31)	MM/DD/CCYY (32)	99999.99 (36)	MM/DD/CCYY (37)	MM/DD/CCYY (38)	99999.99 (40)
XXXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
		:	:	:	:	:	:	:

Procedure Listing - Home Health (RF-O-003-08)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
HOME HEALTH

(41) PROV TYP	(42) PROV SPEC	(42.5) CLM TYPE	(43) BEGIN DT	(44) END DT	(41) PROV TYP	(42) PROV SPEC	(42.5) CLM TYPE	(43) BEGIN DT	(44) END DT
XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	XX	MM/DD/CCYY	MM/DD/CCYY

(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CC
.	.	.	.	.	.	.	.	.	.	.	.
.	.	.	.	.	.	.	.	.	.	.	.

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REC ID	Procedure Code Type	DE5001	
2	PROC CD	Procedure Code	DE5002	
3	(PROCEDURE NAME)	Procedure Short Name	DE5015	
4	BEG	Procedure Coverage Begin Date	DE5003	
5	END	Procedure Coverage End Date	DE5004	
6	AGE:MIN	Procedure Minimum Age Limit	DE5009	
7	(AGE) MAX	Procedure Maximum Age Limit	DE5010	
8	SEX	Valid Sex Code	DE5011	

9	P/R	Procedure Pend Review Indicator	DE5007	
10	UVSP	Procedure Maximum UVSP	DE5016	
11	PA:TYPE	Procedure PA Type	DE5017	
12	(PA TYPE) EFF	PA Type Effective Date	DE5018	
13	(PA TYPE) END	PA Type End Date	DE5120	
14	(PA TYPE AGE) MIN	Reference Procedure PA Type Age Minimum	DE5900	
15	(PA TYPE AGE) MAX	Reference Procedure PA Type Age Max-imum	DE5975	
16.1	TDO PROJ CODE	Reference Procedure TDO Project Code	DE5890	
16.2	BEG	Reference Procedure TDO Project Code Begin Date	DE5891	
16.3	END	Reference Procedure TDO Project Code End Date	DE5892	
17	PLACE SERV	Claim Professional Place of Service	DE2173	
18	TYPE SERV	Claim Type of Service	DE2072	
19	TPL CD	TPL Code	DE5422	
20	X-REF	Cross Reference Pro-cedure Code	DE5164	
20.1	XREF-DUP-CK	Cross Reference Pro-cedure Duplicate Check	DE5139	
20.2	XREF-PA	Cross Reference Pro-cedure Prior Auth Indic-ator	DE5140	
20.3	CAT	Region Type	DE5244	
21	DESCRIPTION	Region Name	DE5250	
22	IP AREA MAX	Procedure Amount	DE5047	Rate Type 'IP'
23	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate Type 'IP'
24	OP AREA MAX	Procedure Amount	DE5047	Rate Type 'OP'
25	OP EFF DATE	Procedure Amount Effective Date	DE5046	Rate Type 'OP'
26	CARRIER	Medicare Carrier Name	DE5178	

27	IP MCARE MAX	Medicare Amount	DE5175	Rate Type 'IP'
28	IP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'IP'
29	IP END DT	Medicare Amount End Date	DE5177	Rate Type 'IP'
30	OP MCARE MAX	Medicare Amount Begin Date	DE5176	Rate Type 'OP'
31	OP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'OP'
32	OP END DT	Medicare Amount End Date	DE5177	Rate Type 'OP'
33	IP MCARE PC	Medicare Amount	DE5175	Rate Type 'IPPC'
34	IP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'IPPC'
35	IP END DT	Medicare Amount End Date	DE5177	Rate Type 'IPPC'
36	OP MCARE PC	Medicare Amount	DE5175	Rate Type 'OPPC'
37	OP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'OPPC'
38	OP END DT	Medicare Amount End Date	DE5177	Rate Type 'OPPC'
39	IP TC		DE0000	
40	OP TC		DE0000	
41	PROV TYP	Provider Type	DE4006	
42	PROV SPEC	Provider Specialty Code	DE4007	
42.5	CLM TYPE	Claim Type	DE2002	
43	BEGIN DT	Procedure Valid Provider Type-Specialty Begin Date	DE5173	
44	END DT	Procedure Valid Provider Type-Specialty End Date	DE5174	
45	FLAG	Flag Code	DE5165	
46	S/R	Flag Date Type Code	DE5240	
47	BEGIN DT	Flag Begin Date	DE5242	
48	END DT	Flag End Date	DE5243	

Output Reports RF-O-003-09 Procedure Listing - Hospice

General Information

This report lists information for all Hospice procedures.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure File Listing (Hospice) (RFR00309)
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	N/A

Procedure Listing - Hospice (RF-O-003-09)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROCEDURE LISTING
HOSPICE

REPO
PA

REC ID: X(1) PROC CD: XXXXXXX(2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(3) BEG: MM/DD/CCYY(4) END: MM/DD/CCYY(5) AGE: MIN: 99(6) MA
P/R: X (9) UVSP: XXX (10)
PA: TYPE: XX BEG: MM/DD/CCYY END: MM/DD/CCYY PA AGE: MIN: XXX MAX: XXX TDO PROJ CODE: XXXXX BEG: MM/DD/CCYY END: MM DD CC

(17) PLACE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(18) TYPE SERV: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(19) TPL CODES: XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX

(20) XREF: XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXX

(20.1) DUP CK: PA: X X X X X X X X X X X X X X X X
(20.2)

(20.3) CAT: XXX

(21) DESCRIPTION		(22) AREA MAX	(23) EFF DATE		(24) AREA MAX	(25) EFF DATE
XXXXXXXXXXXXXXX	IP 1	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 3	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 4	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 5	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 6	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 7	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 8	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 9	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY
		:	:		:	:
XXXXXXXXXXXXXXX	IP 10	99999.99	MM/DD/CCYY	OP	99999.99	MM/DD/CCYY
		99999.99	MM/DD/CCYY		99999.99	MM/DD/CCYY

Procedure Listing - Hospice (RF-O-003-09)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT
AS OF MM/DD/CCYY PROCEDURE LISTING PAGE
RUN DATE: MM/DD/CCYY HH:MM HOSPICE

(26) CARRIER		MCARE MAX	BEGIN DT	END DT	MCARE PC	BEGIN DT	END DT	TC
XXXXXXXXXXXXXX	IP 1	99999.99(27)	MM/DD/CCYY(28)	MM/DD/CCYY(29)	99999.99(33)	MM/DD/CCYY(34)	MM/DD/CCYY(35)	99999.99(39)
	OP	99999.99(30)	MM/DD/CCYY(31)	MM/DD/CCYY(32)	99999.99(36)	MM/DD/CCYY(37)	MM/DD/CCYY(38)	99999.99(40)
XXXXXXXXXXXXXX	IP 2	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
	OP	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99	MM/DD/CCYY	MM/DD/CCYY	99999.99
		⋮	⋮	⋮	⋮	⋮	⋮	⋮

(41) PROV TYP	(42) PROV SPEC	(43) BEGIN DT	(44) END DT	(41) PROV TYP	(42) PROV SPEC	(43) BEGIN DT	(44) END DT
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
XXX	XXX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXX	MM/DD/CCYY	MM/DD/CCYY
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮

(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT	(45) FLAG	(46) S/R	(47) BEGIN DT	(48) END DT
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY
XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	X	MM/DD/CCYY	MM/DD/CCYY
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REC ID	Procedure Code Type	DE5001	
2	PROC CD	Procedure Code	DE5002	
3	(PROCEDURE NAME)	Procedure Short Name	DE5015	
4	BEG	Procedure Coverage Begin Date	DE5003	
5	END	Procedure Coverage End Date	DE5004	
6	AGE: MIN	Procedure Minimum Age Limit	DE5009	
7	(AGE) MAX	Procedure Maximum Age Limit	DE5010	

8	SEX	Valid Sex Code	DE5011	
9	P/R	Procedure Pend Review Indicator	DE5007	
10	UVSP	Procedure Maximum UVSP	DE5016	
11	PA:TYPE	Procedure PA Type	DE5017	
12	(PA TYPE) EFF	PA Type Effective Date	DE5018	
13	END	PA Type End Date	DE5120	
14	PA AGE: MIN	Reference Procedure PA Type Age Minimum	DE5900	
15	MAX	Reference Procedure PA Type Age Maximum	DE5975	
16.1	TDO PROJ CODE	Reference Procedure TDO Project Code	DE5890	
16.2	BEG	Reference Procedure TDO Project Code Begin Date	DE5891	
16.3	END	Reference Procedure TDO Project Code End Date	DE5892	
17	PLACE SERV	Claim Professional Place of Service	DE2173	
18	TYPE SERV	Claim Type of Service	DE2072	
19	TPL CD	TPL Code	DE5422	
20	X-REF	Cross Reference Procedure Code	DE5164	
20.1	XREF-DUP-CK	Cross Reference Procedure Duplicate Check	DE5139	
20.2	XREF-PA	Cross Reference Procedure Prior Auth Indicator	DE5140	
20.3	CAT	Region Type	DE5244	
21	DESCRIPTION	Region Name	DE5250	
22	IP AREA MAX	Procedure Amount	DE5047	Rate Type 'IP'
23	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate Type 'IP'
24	OP AREA MAX	Procedure Amount	DE5047	Rate Type 'OP'
25	OP EFF DATE	Procedure Amount Effective Date	DE5046	Rate Type 'OP'
26	CARRIER	Medicare Carrier	DE5178	

		Name		
27	IP MCARE MAX	Medicare Amount	DE5175	Rate Type 'IP'
28	IP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'IP'
29	IP END DT	Medicare Amount End Date	DE5177	Rate Type 'IP'
30	OP MCARE MAX	Medicare Amount	DE5175	Rate Type 'OP'
31	OP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'OP'
32	OP END DT	Medicare Amount End Date	DE5177	Rate Type 'OP'
33	IP MCARE PC	Medicare Amount	DE5175	Rate Type 'IPPC'
34	IP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'IPPC'
35	IP END DT	Medicare Amount End Date	DE5177	Rate Type 'IPPC'
36	OP MCARE PC	Medicare Amount	DE5175	Rate type 'OPPC'
37	OP BEGIN DT	Medicare Amount Begin Date	DE5176	Rate Type 'OPPC'
38	OP END DT	Medicare Amount End Date	DE5177	Rate Type 'OPPC'
39	IP TC	Medicare Amount	DE5175	Rate type 'IPTC'
40	OP TC	Medicare Amount	DE5175	Rate type 'OPTC'
41	PROV TYP	Provider Type	DE4006	
42	PROV SPEC	Provider Specialty Code	DE4007	
43	BEGIN DT	Procedure Valid Provider Type-Specialty Begin Date	DE5173	
44	END DT	Procedure Valid Provider Type-Specialty End Date	DE5174	
45	FLAG	Flag Code	DE5165	
46	S/R	Flag Date Type Code	DE5240	
47	BEGIN DT	Flag Begin Date	DE5242	
48	END DT	Flag End Date	DE5243	

Output Reports RF-O-008-01 Blue Book Drug Update Comparison Report

General Information

This report lists updated drug data before and after actual update.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Blue Book Drug Update (RFW008) Blue Book Drug Update - Restart (RFW008A)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

Blue Book Drug Update Comparison Report (RF-O-008-01)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

BLUE BOOK DRUG UPDATE COMPARISION REPORT

NDC (1)	DRUG NAME (2)	ACTION CD (3)	ITEM DESCRIPTION (4)	OLD VALUE (5)
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX

NDDF DRUG PRICING TAPE RECORDS READ	(7)	999,999
TOTAL NDDF ADDED	(8)	999,999
PROCEDURE / FORMULARY CHANGED	(9)	999,999
NDDF DRUG PRICING ERRORS	(10)	999,999
TOTAL ADDS, CHANGES, AND ERRORS	(11)	999,999
NDDF DRUG NO CHANGES	(12)	999,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	DRUG NAME	Drug Brand Name	DE5208	
3	ACTION CD		DE0000	Add, change, or delete determ-ined by program.
4	ITEM DESCRIPTION		DE0000	Description of data element being added or changed.
5	OLD VALUE		DE0000	Current value of data element being added or changed.
6	NEW VALUE		DE0000	New value of data element being added or changed.
7	NDDF DRUG PRICING TAPE RECORDS READ	Calculated	DE0002	
8	TOTAL NDDF ADD RECORDS	Calculated	DE0002	

9	PROCEDURE/FORMULARY RECORDS CHANGED	Calculated	DE0002	
10	NDDF DRUG PRICING RECORDS IN ERROR	Calculated	DE0002	
11	TOTAL ADDS, CHANGES, AND ERRORS	Calculated	DE0002	
12	NDDF DRUG RECORDS NO CHANGES	Calculated	DE0002	

Output Reports RF-O-008-02 Blue Book Drug Error Report

General Information

This report provides a control listing of all errors encountered during the update to the drug table.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Blue Book Drug Update (RFW008) Blue Book Drug Update - Restart (RFW008A)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

Blue Book Drug Error Report (RF-O-008-02)

```
XXXXXXXX                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                            BLUE BOOK DRUG ERROR REPORT

        NDC          ACTION CD          ITEM DESCRIPTION                     ITEM VALUE                  ERRO
        (1)             (2)                   (3)                                (4)
    XXXXXXXXXXX          X       XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXX          X       XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXX          X       XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXX          X       XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXX          X       XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX


                                 NDDF DRUG PRICING RECORDS IN ERROR              999,999 (6)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	ACTION CD		DE0000	Add, change, or delete determined by program.
3	ITEM DESCRIPTION		DE0000	Description or data element that is being determined as an error.
4	ITEM VALUE		DE0000	Value of data element that is in error.
5	ERROR MESSAGE		DE0000	Description of error.
6	NDDF DRUG PRICING RECORDS IN ERROR	Calculated	DE0002	

Output Reports RF-O-008-03 Blue Book Drug Add Report

General Information

This report provides a control listing of all drug table data which were added to the file.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Blue Book Drug Update (RFW008) Blue Book Drug Update - Restart (RFW008A)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

Blue Book Drug Add Report (RF-O-008-03)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

BLUE BOOK DRUG ADD REPORT

NDC (1)	ACTION CD (2)	ITEM DESCRIPTION (3)	NEW VALUE (4)
XXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX

TOTAL NDDF ADDS (5) ZZZ,ZZ9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	ACTION CD		DE0000	'Add'
3	ITEM DESCRIPTION		DE0000	Description of data element added.
4	NEW VALUE		DE0000	Value of data element added.
5	TOTAL NDDF ADD RECORDS	Calculated	DE0002	

Output Reports RF-O-008-04 Virginia Formulary Drug Prices by NDC

General Information

This report provides a listing in NDC sequence of all drug prices for Virginia formulary drugs.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Blue Book Drug Price Changes (RFW00801)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

Virginia Formulary Drug Prices by NDC (RF-O-008-04)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM VIRGINIA FORMULARY DRUG PRICES BY NDC

(1) NDC	(2) BRAND NAME	(3) GENERIC NAME	(4) MANUFACTUR
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX

(6) DOSAGE FORM	(7) ROUTE DESC	(8) GEN CODE	(9) STD	(10) GEN	(11) SPEC	(12) AHFS	(13) DEA	(14) CLASS	(15) DISP UNIT	(16) CAT CODE
			----- THERAPEUTIC CLASS ------							
XXXXXXXXXX	XXXXXXXXXX	XXXXX	99	99	XXX	999999	X	X	X	X

DIRECT UNIT PRICE

(18) DUP*D1	(19) DUP*P1	DUP*D2	DUP*P2	DUP*D3	DUP*P3	DUP*D4	DUP*P4	DU
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

WHOLESALE UNIT PRICE

(20) WAC*D1	(21) WAC*P1	WAC*D2	WAC*P2	WAC*D3	WAC*P3	WAC*D4	WAC*P4	WA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

AVERAGE WHOLESALE PRICE

(22) AWP*D1	(23) AWP*P1	AWP*D2	AWP*P2	AWP*D3	AWP*P3	AWP*D4	AWP*P5	AV
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

VIRGINIA MAXIMUM ALLOWED COST (60th UD)

(24) VMAC*D1	(25) VMAC*P1	VMAC*D2	VMAC*P2	VMAC*D3	VMAC*P3	VMAC*D4	VMAC*P4	VMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

VIRGINIA MAXIMUM ALLOWED COST (75th NON-UD)

(26) VMAC*D1	(27) VMAC*P1	VMAC*D2	VMAC*P2	VMAC*D3	VMAC*P3	VMAC*D4	VMAC*P4	VMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

FEDERAL MAXIMUM ALLOWABLE COST

(28) FMAC*D1	(29) FMAC*P1	FMAC*D2	FMAC*P2	FMAC*D3	FMAC*P3	FMAC*D4	FMAC*P4	FMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/D

REFERENCE COST

(30) RC*D1	(31) RC*P1	(32) SRC	RC*D2	RC*P2	SRC	RC*D3	RC*P3	SRC	RC*D4	RC*P4	SRC	RC*
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD

Virginia Formulary Drug Prices by NDC (RF-O-008-04)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REI
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM BLUE BOOK DRUG PRICE CHANGE REPORT BY NDC

BRAND NECESSARY

(33) BN*D1	(34) BN*P1	(35) SRC	BN*D2	BN*P2	SRC	BN*D3	BN*P3	SRC	BN*D4	BN*P4	SRC	BN*D
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/

DRUG COST

(36) DC*D1	(37) DC*P1	(38) SRC	DC*D2	DC*P2	SRC	DC*D3	DC*P3	SRC	DC*D4	DC*P4	SRC	DC*D
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/

UNIT DOSE PRICE

(39) UDP*D1	(40) UDP*P1	(41) SRC	UDP*D2	UDP*P2	SRC	UDP*D3	UDP*P3	SRC	UDP*D4	UDP*P4	SRC	UDP*D
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	BRAND NAME	Drug Brand Name	DE5208	
3	GENERIC NAME	Drug Generic Name	DE5747	
4	MANUFACTURER	Drug Man-ufacturer/Distributor Name	DE5040	
5	STRENGTH	Drug Strength Descrip-tion	DE5070	
6	DOSAGE	Drug Dosage Form Description	DE5043	
7	ROUTE	Drug Route Description	DE5091	
8	GEN CODE	Drug Generic Code Number (GCN)	DE5061	
9	THERAPEUTIC CLASS STD	Drug Therapeutic Class Standard Code	DE5232	
10	THERAPEUTIC	Drug Therapeutic Class	DE5037	

	CLASS GEN	Generic Code		
11	THERAPEUTIC CLASS SPEC	Drug Therapeutic Class Specific Code	DE5735	
12	THERAPEUTIC CLASS AHFS	Drug Therapeutic Class AHFS Code	DE5290	
13	DEA	Drug Enforcement Administration (DEA) Code	DE5032	
14	CLASS	Drug Class Code	DE5059	
15	DISP UNIT	Drug Dispensing Unit	DE5031	
16	CAT CODE	Drug Category Code	DE5088	
17	PKG SIZE	Drug Package Size	DE5041	
18	DUP*D1	Drug Price Effective Date	DE5222	Rate Type 'DUP'
19	DUP*P1	Drug Price Amount	DE5220	Rate Type 'DUP'
20	WAC*D1	Drug Price Effective Date	DE5222	Rate Type 'WAC'
21	WAC*P1	Drug Price Amount	DE5220	Rate Type 'WAC'
22	AWP*D1	Drug Price Effective Date	DE5222	Rate Type 'AWP'
23	AWP*P1	Drug Price Amount	DE5220	Rate Type 'AWP'
24	VMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'V60'
25	VMAC*P1	Drug Price Amount	DE5220	Rate Type 'V60'
26	VMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'V75'
27	VMAC*P1	Drug Price Amount	DE5220	Rate Type 'V75'
28	FMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'MAC'
29	FMAC*P1	Drug Price Amount	DE5220	Rate Type 'MAC'
30	RC*D1	Drug Price Effective Date	DE5222	Rate Type 'REF'
31	RC*P1	Drug Price Amount	DE5220	Rate Type 'REF'
32	SRC	Drug Price Source Code	DE5221	Rate Type 'REF'
33	BN*D1	Drug Price Effective Date	DE5222	Rate Type 'DAW'
34	BN*P1	Drug Price Amount	DE5220	Rate Type 'DAW'
35	SRC	Drug Price Source Code	DE5221	Rate Type 'DAW'
36	DC*D1	Drug Price Effective Date	DE5222	Rate Type 'DC'
37	DC*P1	Drug Price Amount	DE5220	Rate Type 'DC'

38	SRC	Drug Price Source Code	DE5221	Rate Type 'DC'
39	UDP*D1	Drug Price Effective Date	DE5222	Rate Type 'UD'
40	UDP*P1	Drug Price Amount	DE5220	Rate Type 'UD'
42	SRC	Drug Price Source Code	DE5221	Rate Type 'UD'

Output Reports RF-O-008-05 Virginia Formulary Drug Prices by Labeler

General Information

This report provides a listing in manufacturer labeler sequence of all drug prices for Virginia formulary drugs.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Blue Book Drug Price Changes (RFW00801)
Confidential:	No
Sequence:	Drug Manufacturer Labeler
Control Breaks:	N/A

Virginia Formulary Drug Prices by Labeler (RF-O-008-05)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM VIRGINIA FORMULARY DRUG PRICES BY LABELER

(1) NDC	(2) BRAND NAME	(3) GENERIC NAME	(4) MANUFACTURI
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

(6) DOSAGE FORM	(7) ROUTE DESC	(8) GEN CODE	(9) STD	(10) GEN	(11) SPEC	(12) AHFS	(13) DEA	(14) CLASS	(15) DISP UNIT	(16) CAT CODE
			----- THERAPEUTIC CLASS ------							
XXXXXXXXXX	XXXXXXXXXX	XXXXX	99	99	XXX	999999	X	X	X	X

DIRECT UNIT PRICE

(18) DUP*D1	(19) DUP*P1	DUP*D2	DUP*P2	DUP*D3	DUP*P3	DUP*D4	DUP*P4	DUP
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

WHOLESALE UNIT PRICE

(20) WAC*D1	(21) WAC*P1	WAC*D2	WAC*P2	WAC*D3	WAC*P3	WAC*D4	WAC*P4	WAC
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

AVERAGE WHOLESALE PRICE

(22) AWP*D1	(23) AWP*P1	AWP*D2	AWP*P2	AWP*D3	AWP*P3	AWP*D4	AWP*P5	AW
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

VIRGINIA MAXIMUM ALLOWED COST (60th UD)

(24) VMAC*D1	(25) VMAC*P1	VMAC*D2	VMAC*P2	VMAC*D3	VMAC*P3	VMAC*D4	VMAC*P4	VMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

VIRGINIA MAXIMUM ALLOWED COST (75th NON-UD)

(26) VMAC*D1	(27) VMAC*P1	VMAC*D2	VMAC*P2	VMAC*D3	VMAC*P3	VMAC*D4	VMAC*P4	VMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

FEDERAL MAXIMUM ALLOWABLE COST

(28) FMAC*D1	(29) FMAC*P1	FMAC*D2	FMAC*P2	FMAC*D3	FMAC*P3	FMAC*D4	FMAC*P4	FMA
MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD

REFERENCE COST

(30) RC*D1	(31) RC*P1	(32) SRC	RC*D2	RC*P2	SRC	RC*D3	RC*P3	SRC	RC*D4	RC*P4	SRC	RC*D
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD

Virginia Formulary Drug Prices by Labeler (RF-O-008-05)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM BLUE BOOK DRUG PRICE CHANGE REPORT BY NDC

BRAND NECESSARY

(33) BN*D1	(34) BN*P1	(35) SRC	BN*D2	BN*P2	SRC	BN*D3	BN*P3	SRC	BN*D4	BN*P4	SRC	BN*
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD

DRUG COST

(36) DC*D1	(37) DC*P1	(38) SRC	DC*D2	DC*P2	SRC	DC*D3	DC*P3	SRC	DC*D4	DC*P4	SRC	DC*
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD

UNIT DOSE PRICE

(39) UDP*D1	(40) UDP*P1	(41) SRC	UDP*D2	UDP*P2	SRC	UDP*D3	UDP*P3	SRC	UDP*D4	UDP*P4	SRC	UDP*
MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD/CCYY	99999.9999	X	MM/DD

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	BRAND NAME	Drug Brand Name	DE5208	
3	GENERIC NAME	Drug Generic Name	DE5747	
4	MANUFACTURER	Drug Man-ufacturer/Distributor Name	DE5040	
5	STRENGTH DESC	Drug Strength Descrip-tion	DE5070	
6	DOSAGE FORM	Drug Dosage Form Description	DE5043	
7	ROUTE DESC	Drug Route Description	DE5091	
8	GEN CODE	Drug Generic Code Number (GCN)	DE5061	
9	THERAPEUTIC CLASS STD	Drug Therapeutic Class Standard Code	DE5232	

10	THERAPEUTIC CLASS GEN	Drug Therapeutic Class Generic Code	DE5037	
11	THERAPEUTIC CLASS SPEC	Drug Therapeutic Class Specific Code	DE5735	
12	THERAPEUTIC CLASS AHFS	Drug Therapeutic Class AHFS Code	DE5290	
13	DEA	Drug Enforcement Administration (DEA) Code	DE5032	
14	CLASS	Drug Class Code	DE5059	
15	DISP UNIT	Drug Dispensing Unit	DE5031	
16	CAT CODE	Drug Category Code	DE5088	
17	PKG SIZE	Drug Package Size	DE5041	
18	DUP*D1	Drug Price Effective Date	DE5222	Rate Type 'DUP'
19	DUP*P1	Drug Price Amount	DE5220	Rate Type 'DUP'
20	WAC*D1	Drug Price Effective Date	DE5222	Rate Type 'WAC'
21	WAC*P1	Drug Price Amount	DE5220	Rate Type 'WAC'
22	AWP*D1	Drug Price Effective Date	DE5222	Rate Type 'AWP'
23	AWP*P1	Drug Price Amount	DE5220	Rate Type 'AWP'
24	VMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'V60'
25	VMAC*P1	Drug Price Amount	DE5220	Rate Type 'V60'
26	VMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'V75'
27	VMAC*P1	Drug Price Amount	DE5220	Rate Type 'V75'
28	FMAC*D1	Drug Price Effective Date	DE5222	Rate Type 'MAC'
29	FMAC*P1	Drug Price Amount	DE5220	Rate Type 'MAC'
30	RC*D1	Drug Price Effective Date	DE5222	Rate Type 'REF'
31	RC*P1	Drug Price Amount	DE5220	Rate Type 'REF'
32	SRC	Drug Price Source Code	DE5221	Rate Type 'REF'
33	BN*D1	Drug Price Effective Date	DE5222	Rate Type 'DAW'
34	BN*P1	Drug Price Amount	DE5220	Rate Type 'DAW'
35	SRC	Drug Price Source Code	DE5221	Rate Type 'DAW'
36	DC*D1	Drug Price Effective Date	DE5222	Rate Type 'DC'

37	DC*P1	Drug Price Amount	DE5220	Rate Type 'DC'
38	SRC	Drug Price Source Code	DE5221	Rate Type 'DC'
39	UDP*D1	Drug Price Effective Date	DE5222	Rate Type 'UD'
40	UDP*P1	Drug Price Amount	DE5220	Rate Type 'UD'
41	SRC	Drug Price Source Code	DE5221	Rate Type 'UD'

Output Reports RF-O-008-06 Vendor MAC Price Update Listing

General Information

This report shows the details of each record, the processes done and action taken for each record in the Vendor MAC. It also contains the old and new values of the price, effective date and source and message for errors/discrepancies encountered.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	to be determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Vendor MAC Update of RF_NDC_PRICE (RFW00802)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Vendor MAC Price Update Listing (RF-O-008-06)

1RFW00802 06/18/2008 03:30:12 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:06/18/2008 VENDOR MAC PRICE UPDATE LISTING PA
RUN DATE: 06/18/2008 02:47

(1) NDC	(2) GCN	(3) ACTION	(4) OLD PRICE	(5) NEW PRICE	(6) OLD DATE	(7) NEW DATE	(8) OLD/NEW SOURCE	(9) MAC OVRD IND	(MES
99999999999	99999	INITIAL		0.16430		02/18/2008	G		
99999999999	99999	INITIAL		0.07420		06/11/2007	G		
99999999999	99999	INITIAL		0.07420		06/11/2007	G		
99999999999	99999	INITIAL		0.07420		06/11/2007	G		
99999999999	99999	INITIAL		0.18612		12/01/2004	G		
99999999999	99999	INITIAL		0.32680		04/24/2006	G		
99999999999	99999	INITIAL		0.32680		04/24/2006	G		
99999999999	99999	INITIAL		1.00764		11/12/2007	G		
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	
99999999999	99999	CHANGED	.04840	0.20617	04/21/2008	06/16/2008	G/G	0	

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug National Drug Code (NDC) Format Code	DE5192	Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number).
2	GCN	Drug Generic Code Number (GCN)	DE5061	Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
3	Action		DE0000	The action taken for the price of the drug. The responses for this field are 'Initial', 'Changed' 'Bypassed', 'Error' or Blank.
4	Old Price	Drug Price Amount	DE5220	The previous price amount for the drug, based on the price type.
5	New Price	Drug Price Amount	DE5220	The price amount for the drug, based

				on the price type.
6	Old Date	Drug Price Effective Date	DE5222	The previous Effective date of Drug Price.
7	New Date	Drug Price Effective Date	DE5222	Effective date of Drug Price.
8	Old/New Source	Drug Price Source Code	DE5221	Source of Drug Price.
9	MAC OVRD Indicator	Drug VA MAC Override	DE5095	This field will be used by DMAS to Override MAC pricing
10	Message		DE0000	This field contains the text that composes an error message to be printed on the Report.

Output Reports RF-O-008-07 ANDA/NDA Update Comparison Report

General Information

This report shows the details of each record, the processes done and action taken for each FDB record. It also contains the old and new values of the ANDA/NDA Indicator, and message for errors/discrepancies encountered.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Disk
Number of Copies:	1
Output Form:	Std
Retention:	100
Distribution:	N/A
Program:	RF_NDC Table Update for NDA/ANDA Indicators (RFW00803)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

ANDA/NDA Update Comparision Report (RF-O-008-07)

```
1RFW00803                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
 AS OF:02/21/2008                                                                                        PA
 RUN DATE: 02/21/2008 13:17                   ANDA/NDA UPDATE COMPARISION REPORT

                                              ACTION
          NDC              DRUG NAME           CODE  ITEM DESCRIPTION          OLD VALUE          NEW VALUE
          (1)                (2)               (3)       (4)                     (5)                (6)

      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-ANDA                    0                  1
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-NDA                    0                  1
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-NDA                    0                  1
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-NDA                    0                  1
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-NDA                    0                  1
      99999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   C   C-DRUG-ANDA                   0                  1
```

ANDA/NDA Update Comparision Report (RF-O-008-07)

```
RFW00803                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:02/21/2008                                                                                             PA
 RUN DATE: 02/21/2008 13:17                      ANDA/NDA UPDATE COMPARISION REPORT

                                                 ACTION
          NDC              DRUG NAME               CODE  ITEM DESCRIPTION          OLD VALUE          NEW VALUE


                                  (7) ANDA/NDA RECORDS READ                          8

                                  (8) ANDA/NDA CHANGES                               5

                                  (9) ANDA/NDA UPDATE ERRORS                         1

                                 (10) TOTAL CHANGES AND ERRORS                       6

                                 (11) ANDA/NDA NO CHANGES                            2


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	DRUG NAME	Drug Brand Name	DE5208	
3	ACTION CODE		DE0000	Move a value of 'C' to this field.
4	ITEM DESCRIPTION		DE0000	Move the name of the field 'C-DRUG-NDA' or 'C-DRUG-ANDA' to be updated to the Report Item Description.
5	OLD VALUE	Drug New Drug Application	DE5098	Current value of C-DRUG-NDA (DE5098) or C-DRUG-ANDA (DE5099) from the NDC Table.
6	NEW VALUE	Drug New Drug Application	DE5098	New value of C-DRUG-NDA (DE5098) or C-DRUG-ANDA (DE5099) from the input file.

7	ANDA/NDA RECORDS READ	Calculated	DE0002	Number of input records read.
8	ANDA/NDA CHANGES	Calculated	DE0002	Number of changes that will update the RF_NDC table.
9	ANDA/NDA UPDATE ERRORS	Calculated	DE0002	Number of errors encountered while updating table RF_NDC.
10	TOTAL CHANGES AND ERRORS	Calculated	DE0002	Number of changes and errors when updating the RF_NDC table.
11	ANDA/NDA NO CHANGES	Calculated	DE0002	Number of input records that did not update the RF_NDC table.

Output Reports RF-O-009-01 Drug Trade Name Listing

General Information

This report is a listing of all drug table data by trade name. The production or this output is controlled by a parmlib member.

Subsystem:	Reference
Frequency:	Weekly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Drug Trade Name Listing (RFW00901)
Confidential:	No
Sequence:	Drug Trade Name NDC
Control Breaks:	N/A

Drug Trade Name Listing (RF-O-009-01)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM DRUG TRADE NAME LISTING

(1) NDC	(2) TRADE NAME	(3) MANUFACTURER	(4) STRENGTH DESC	(5) DOSE FORM	(6) DISP UNIT	(7) PKG SIZE	(8)
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	X	99999999.999	S

(12) AWP	(13) AWP DATE	(14) WAC	(15) WAC DATE	(16) FMAC	(17) FMAC DATE	(18) DIRECT UNIT PRICE	(19) DATE	(20) VMAC (60TH UD)	(21) VMAC DATE	V
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999
99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	99999.9999	MM/DD/CCYY	999

TOTAL DRUGS REPORTED ZZZ,ZZ9 (24)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	TRADE NAME	Drug Brand Name	DE5208	
3	MANUFACTURER	Drug Man-ufacturer/Distributor Name	DE5040	
4	STRENGTH DESC	Drug Strength Descrip-tion	DE5070	
5	DOSE FORM	Drug Dosage Form Description	DE5043	
6	DISP UNIT	Drug Dispensing Unit	DE5031	
7	PKG SIZE	Drug Package Size	DE5041	
8	THERAPEUTIC CLASS STD	Drug Therapeutic Class Standard Code	DE5232	
9	THERAPEUTIC CLASS GEN	Drug Therapeutic Class Generic Code	DE5037	

10	THERAPEUTIC CLASS SPEC	Drug Therapeutic Class Specific Code	DE5735	
11	THERAPEUTIC CLASS AHFS	Drug Therapeutic Class AHFS Code	DE5290	
12	AWP	Drug Price Amount	DE5220	Rate Type 'AWP'
13	AWP DATE	Drug Price Effective Date	DE5222	Rate Type 'AWP'
14	WAC	Drug Price Amount	DE5220	Rate Type 'WAC'
15	WAC DATE	Drug Price Effective Date	DE5222	Rate Type 'WAC'
16	FMAC	Drug Price Amount	DE5220	Rate Type 'MAC'
17	FMAC DATE	Drug Price Effective Date	DE5222	Rate Type 'MAC'
18	DIRECT UNIT PRICE	Drug Price Amount	DE5220	Rate Type 'DUP'
19	DIRECT UNIT DATE	Drug Price Effective Date	DE5222	Rate Type 'DUP'
20	VMAC (60th UD)	Drug Price Amount	DE5220	Rate Type 'V60'
21	VMAC DATE	Drug Price Effective Date	DE5222	Rate Type 'V60'
22	VMAC (75th NON-UD)	Drug Price Amount	DE5220	Rate Type 'V75'
23	VMAC DATE	Drug Price Effective Date	DE5222	Rate Type 'V75'
24	TOTAL DRUGS REPORTED	Calculated	DE0002	Count number of NDCs reported.

Output Reports RF-O-009-04 MAC Drug Listing

General Information

This report is a listing of the MAC drug prices.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	MAC Drug Listing (RFW00904)
Confidential:	No
Sequence:	Therapeutic Class/Drug Trade Name
Control Breaks:	N/A

MAC Drug Listing (RF-O-009-04)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM MAC DRUG LISTING

(1) DRUG CODE	(2) DRUG NAME	(3) WAC	(4) AWP	(5) FMAC	(6) VMAC (60TH UD)	(7) VMAC (75TH NO
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999.9999	99999.9999	99999.9999	99999.9999	99999.99
		99999.9999	99999.9999	99999.9999	99999.9999	99999.99
		⋮	⋮	⋮	⋮	⋮
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999.9999	99999.9999	99999.9999	99999.9999	99999.99
		99999.9999	99999.9999	99999.9999	99999.9999	99999.99
		⋮	⋮	⋮	⋮	⋮

TOTAL DRUGS REPORTED Z,ZZZ,ZZ9 **(9)**

***END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DRUG CODE	Drug Code (NDC)	DE5200	
2	DRUG NAME	Drug Brand Name	DE5208	
3	WAC	Drug Price Amount	DE5220	Rate Type 'WAC'
4	AWP	Drug Price Amount	DE5220	Rate Type 'AWP'
5	FMAC	Drug Price Amount	DE5220	Rate Type 'MAC'
6	VMAC (60TH UD)	Drug Price Amount	DE5220	Rate Type 'V60'
7	VMAC (75TH NON-UD)	Drug Price Amount	DE5220	Rate Type 'V75'
8	DIRECT PRICE	Drug Price Amount	DE5220	Rate Type 'DUP'
9	TOTAL DRUGS REPORTED	Calculated	DE0002	

Output Reports RF-O-010 Numeric NDC Drug Dosage Report

General Information

This report provides a listing of all drug procedures including the trade name, strength and generic name.

Subsystem:	Reference
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Numeric NDC Drug Dosage Report (RFW010)
Confidential:	No
Sequence:	NDC
Control Breaks:	N/A

Numeric NDC Drug Dosage Report (RF-O-010)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM NUMERIC NDC DRUG DOSAGE REPORT

(1) NDC	(2) TRADE NAME	(3) STRENGTH DESC	(4) GENERIC NAME	(5) -----THERAPEUTIC CL STD	(6) GEN	(7) SPEC
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	99	XXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	99	XXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	99	XXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	99	XXX
XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	99	XXX

TOTAL DRUGS REPORTED Z,ZZZ,ZZ9 (10)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC CODE	Drug Code (NDC)	DE5200	
2	TRADE NAME	Drug Brand Name	DE5208	
3	STRENGTH DESC	Drug Strength Description	DE5070	
4	GENERIC NAME	Drug Generic Name	DE5747	
5	THERAPEUTIC CLASS STD	Drug Therapeutic Class Standard Code	DE5232	
6	THERAPEUTIC CLASS GEN	Drug Therapeutic Class Generic Code	DE5037	
7	THERAPEUTIC CLASS SPEC	Drug Therapeutic Class Specific Code	DE5735	
8	THERAPEUTIC CLASS AHFS	Drug Therapeutic Class AHFS Code	DE5290	
9	DOSAGE FORM	Drug Dosage Form Description	DE5043	
10	TOTAL DRUGS REPORTED	Calculated	DE0002	Equals number of rows on the NDC table

Output Reports RF-O-015 Edit Criteria Listing

General Information

This report is a listing of all information on the Edit Criteria and associated tables (RF_EDIT_CRITERIA, RF_EDIT_PARM_SET, RF_EC_VALUE_SET, RF_VALUE_SET, RF_VALUE_SET_RANGE, and RF_EDIT_TEXT).

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Edit Criteria Listing (RFR015)
Confidential:	No
Sequence:	Edit Code within ESC Code
Control Breaks:	N/A

Edit Criteria Listing (RF-O-015)

```
RFR015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          RE
AS OF MM/DD/CCYY                                                                                                     P
RUN DATE: MM/DD/CCYY  HH:MM                          EDIT CRITERIA LISTING

*****************************************************************************************************************************
*****************************************************************************************************************************

   (1)          (2)            (3)        (4)   (5)    (6)                                                    (8)
                                          CLAIM  CRITERIA     EDIT TEXT    (7)                          PROG/CLM/CRIT E
ESC: XXXX   EDIT CD: XXXX  PROG: XX  FORM: XXXX  TYPE: XX  TYPE : XX  DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  BEG: 99/99/999

CRITERIA DATA:
   (10)         (11)   (12)      (13)      (14)      (15)     (16)    (17)     (18)      (19)        (20)        (21)       (22)       (23)
                       CRIT SET                INCL  TIME SPAN  TIME    TIME     LIMIT     LIMIT       LIMIT
 CRITERION      SEQ#   TYPE   OPTIONS        EXCL     TYPE    UNITS   TYPE   UNIT QTY  UNIT TYPE  AMOUNT QTY    A/B/X     BEG DATE  END DA

    XXXX        XXXX   XX       X             X        X       ZZZ9    X      ZZZZ9      X          ZZZ,ZZ9 99    X         99/99/9999  99/99/9
                                                                                   (24)      (25)
      VALUE SET DATA:  EDIT CRITERIA ASSOCIATED BEGIN/END EFFECTIVE DATES:  99/99/999  99/99/999
                                                                                  (28)       (29)      (30)                  (31)                (32)
            DATA ELEMENT                                                                                ********************** VALUE SET RANGE DATA*****
                                                                                                        BEGIN RANGE           END RANGE           TYPE
            (26)  TYPE      (27) DESCRIPTION                                    BEGIN      END         XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                  XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          99/99/9999  99/99/9999  XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X

      VALUE SET DATA:  EDIT CRITERIA ASSOCIATED BEGIN/END EFFECTIVE DATES:  99/99/999  99/99/999
            DATA ELEMENT                                                                                ********************** VALUE SET RANGE DATA*****
                  TYPE            DESCRIPTION                                   BEGIN      END         BEGIN RANGE           END RANGE           TYPE
                  XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          99/99/9999  99/99/9999  XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X

                       CRIT SET                INCL  TIME SPAN  TIME    TIME     LIMIT     LIMIT       LIMIT
 CRITERION      SEQ#   TYPE   OPTIONS        EXCL     TYPE    UNITS   TYPE   UNIT QTY  UNIT TYPE  AMOUNT QTY    A/B/X     BEG DATE  END DA

    XXXX        XXXX   XX       X             X        X       ZZZ9    X      ZZZZ9      X          ZZZ,ZZ9 99    X         99/99/9999  99/99/9

      VALUE SET DATA:  EDIT CRITERIA ASSOCIATED BEGIN/END EFFECTIVE DATES:  99/99/999  99/99/999
            DATA ELEMENT                                                                                ********************** VALUE SET RANGE DATA*****
                  TYPE            DESCRIPTION                                   BEGIN      END         BEGIN RANGE           END RANGE           TYPE
                  XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          99/99/9999  99/99/9999  XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X

      VALUE SET DATA:  EDIT CRITERIA ASSOCIATED BEGIN/END EFFECTIVE DATES:  99/99/999  99/99/999
            DATA ELEMENT                                                                                ********************** VALUE SET RANGE DATA*****
                  TYPE            DESCRIPTION                                   BEGIN      END         BEGIN RANGE           END RANGE           TYPE
                  XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          99/99/9999  99/99/9999  XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X
                                                                                                        XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXX     X

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ESC	Claim Error ESC Code	DE5506	
2	EDIT CD	Error Text Error Code	DE5501	
3	PROG	Benefit Definition Plan Program Code	DE3551	
4	FORM	Claim Form Code	DE5876	
5	CLAIM TYPE	Claim Type	DE2002	
6	CRITERIA TYPE	Edit Criteria Set Type	DE5683	
7	EDIT TEXT DESCRIPTION	Error Text Short Description	DE5513	
8	BEG	Claim Edit Code Parm Begin Date	DE5877	
9	END	Claim Edit Code Parm	DE5878	

		End Date		
10	CRITERION	Edit Criteria Criterion	DE5614	
11	SEQ#	Edit Criteria Sequence Number	DE5610	
12	CRIT SET TYPE	Edit Criteria Set Type	DE5683	
13	OPTIONS	Same/Different/Any Options	DE5615	
14	INCL EXCL	Edit Criteria Exclusive/Inclusive (E/I) Code	DE5624	
15	TIME SPAN TYPE	Edit Criteria Time Span Type	DE5696	
16	TIME UNITS	Edit Criteria Time Units	DE5697	
17	TIME TYPE	Edit Criteria Time Type	DE5698	
18	LIMIT UNIT QTY	Edit Criteria Limit Unit Quantity	DE5873	
19	LIMIT UNIT TYPE	Edit Criteria Limit Unit Type	DE5874	
20	LIMIT AMOUNT QTY	Edit Criteria Limit Amount Quantity	DE5875	
21	A/B/X	Edit Criteria A/B/X Code	DE5625	
22	BEG DATE	Edit Criteria Begin Date	DE5616	
23	END DATE	Edit Criteria End Date	DE5617	
24	BEGIN EFFECTIVE DATE	Edit Criteria Value Set Begin Date	DE5694	
25	END EFFECTIVE DATE	Edit Criteria Value Set End Date	DE5695	
26	DATA ELEMENT TYPE	Value Set Data Element Type	DE5395	
27	DESCRIPTION	Value Set Name	DE5392	
28	BEGIN	Value Set Effective Begin Date	DE5438	
29	END	Value Set Effective End Date	DE5439	
30	BEGIN RANGE	Value Set Data Begin Range	DE5396	
31	END RANGE	Value Set Data End Range	DE5397	
32	TYPE	Value Set Range Type	DE5440	
33	BEGIN	Value Set Range Begin Date	DE5441	

34	END	Value Set Range End Date	DE5442	

Output Reports RF-O-016 Error Text and Disposition/Location Listing

General Information

This is a list of all the detail data on the Error Text (RF_EDIT_TEXT) and the Error Disposition Location (RF_ERROR_DISP_LOC) tables.

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	Error Text & Disposition/Location List (RFR016)
Confidential:	No
Sequence:	Error ESC Code, Program Code, Form Code, Claim Type
Control Breaks:	N/A

Error Text and Disposition/Location Listing (RF-O-016)

```
RFR016                                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                             ERROR TEXT AND DISPOSITION/LOCATION LISTING

  ERROR                                                                   EDIT                 RES   RA              D
CODE  ESC    DESCRIPTION                                 BEGIN         END        TYPE  DENY  TAD  OVR   PRT    ADJ   CMP  PI
XXXX  XXXX   SHORT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   X      X     X    X     X      X     X    X
             LONG  : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CLM  PA   CUT   CRIT                                MED   CLM          DISP/LOC  DAT  REC
PROGRAM  FORM  TYP  OVR  BAK  EXIST  BEGIN         END            IUM   MOD                    TYP  DAS     BEGIN         END
      XX    XXXX   XX    X     X      X    MM/DD/CCYY  MM/DD/CCYY    X      X     (WITH)  X  XXX     X   XXX  MM/DD/CCYY  MM/DD/CCYY
                                                                                (W/O)   X  XXX
                                                                     X      X     (WITH   X  XXX     X   XXX  MM/DD/CCYY  MM/DD/CCYY
                                                                                (W/O)   X  XXX

                  CLM  PA   CUT   CRIT                                MED   CLM          DISP/LOC  DAT  REC
PROGRAM  FORM  TYP  OVR  BAK  EXIST  BEGIN         END            IUM   MOD                    TYP  DAS     BEGIN         END
      XX    XXXX   XX    X     X      X    MM/DD/CCYY  MM/DD/CCYY    X      X     (WITH)  X  XXX     X   XXX  MM/DD/CCYY  MM/DD/CCYY
                                                                                (W/O)   X  XXX
                                                                     X      X     (WITH   X  XXX     X   XXX  MM/DD/CCYY  MM/DD/CCYY
                                                                                (W/O)   X  XXX




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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ERROR CODE	Error Text Error Code	DE5501	
2	ERROR ESC	Error ESC Code	DE5609	
3	SHORT DESCRIPTION	Error Text Short Description	DE5513	
4	LONG DESCRIPTION	Error Text Long Description	DE5514	
5	BEGIN	Error Text Edit Begin Date	DE5503	
6	END	Error Text Edit End Date	DE5523	
7	EDIT TYPE	Edit Error Edit Type	DE5680	N/A
8	DENY	Error Text Deny Indicator	DE5517	N/A
9	TAD	Error Text Turn Around Document (TAD) Indicator	DE5516	N/A

10	RES OVR	Error Text Resolution Override Indicator	DE5504	
11	RA PRT	Error Text Remittance Advice Print Indicator	DE5507	N/A
12	ADJ	Edit Text Adjustment Code	DE5498	N/A
13	CMP	Edit Text Compound Code	DE5681	N/A
14	DISP PRIO	Error Text Display Priority	DE5499	N/A
14.1	NCPDP ERROR	Error Text NCPDP Error Code	DE5522	N/A
15	PROGRAM	Benefit Definition Plan Program Code	DE3551	N/A
16	FORM	Claim Form Code	DE5876	N/A
17	CLM TYP	Claim Type	DE2002	N/A
18	PA OVR	Error Text Prior Authorization Override Indicator	DE5518	N/A
19	CUT BAK	Cutback or Reduction in a Provider Payment	DE5607	N/A
20	CRIT EXIST	Edit Criteria Exists	DE5724	N/A
22	END	Claim Edit Code Parm End Date	DE5878	N/A
23	BEGIN	Claim Edit Code Parm Begin Date	DE5877	N/A
23	MEDIUM	Error Text Claim Type Media Code	DE5521	N/A
24	CLM MOD	Claim Type Modifier	DE2003	N/A
25	DISP WITH	Error Text Disposition Attachments	DE5603	N/A
26	LOC WITH	Error Text Location Attachments	DE5605	N/A
27	DISP WITHOUT	Error Text Location No Attachments	DE5606	N/A
28	LOC WITHOUT	Error Text Disposition No Attachments	DE5604	N/A
29	DAT TYP	Error Text Service/Payment Date Code	DE5519	N/A
30	REC DAS	Error Text Recycled Days	DE5679	N/A

31	BEGIN	Error Text Disposition Location Effective Date	DE5602	N/A
32	END	Disposition Location End Date	DE5682	N/A
33	REASON RESP XREF	Adjustment Reason/Response Cross Reference	DE5560	N/A

Output Reports RF-O-017 Claim response code listing

General Information

This is a list of all the detail data on the Claims response code table(RF_CLM_RESPONSE_R)

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	Claim Response Listing (RFR017)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Claim response code listing (RF-O-017)

```
RFR017                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES        REPORT I
AS OF:MM/DD/CCYY                                   CLAIMS RESPONSE CODE LISTING                   PAGE NU
RUN DATE: MM/DD/CCYY HH:MM
 (1)          (2)        (3)           (4)        (5)
                                                          (6)
RESPONSE   RESPONSE   BEGIN        END       STATUS
 CODE       TYPE      DATE         DATE       CATG     SHORT DESC
-----------------------------------------------------------------------------------------------------------
XXXXXXXX     X      MM/DD/CCYY   MM/DD/CCYY  XX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       (7)       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY   MM/DD/CCYY  XX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY   MM/DD/CCYY  XX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY   MM/DD/CCYY  XX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                    (8)
                                                    TOTAL NO OF CLAIMS RESPONSE CODES: Z,ZZ,Z9


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Claim Response code	Claim Response Code	DE5540	
2	Claim Response Type	Claim Response Type	DE5541	
3	Claim Response Begin Date	Claim Response Begin Date	DE5544	
4	Claim Response End Date	Claim Response End Date	DE5545	
5	Claim Response Code Status Cat-egory	Claim Response Code Status Catalog	DE5548	
6	Claim Response Short Description	Claim Response Short Description	DE5549	

7	Claim Response Description	Claim Response Description	DE5543	
8	Total no of claims response codes		DE0000	

Output Reports RF-O-018 Claim Adjustment Reason codes Listing

General Information

This is a list of all the detail data on the HIPAA Adjustment Reason code table(RF_HIPAA_ADJ_RSN_R)

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	Adjustment Reason Listing (RFR018)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Claim Adjustment Reason codes Listing (RF-O-018)

```
RFR018                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES        REPORT N
AS OF:MM/DD/CCYY                            CLAIMS ADJUSTMENT REASON CODE LISTING                 PAGE NUM
RUN DATE: MM/DD/CCYY HH:MM
 (1)          (2)                  (4)
                        (3)                  (5)
ADJ RSN    ADJ RSN    BEGIN        END
 CODE       GROUP     DATE         DATE      SHORT DESC
-------------------------------------------------------------------------------------------------------
XXXXXXXX     X      MM/DD/CCYY  MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       (6)      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY  MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY  MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXX     X      MM/DD/CCYY  MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    LONG DESC:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                  (7)

                                                TOTAL NO OF ADJUSTMENT REASON CODES: Z,ZZ,Z9


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Code	DE5580	
2	HIPAA Adjustment Reason Group Code	HIPAA Adjustment Reason Group Code	DE5535	
3	HIPAA Adjustment Reason Begin Date	HIPAA Adjustment Reason Begin Date	DE5584	
4	HIPAA Adjustment Reason End Date	HIPAA Adjustment Reason End Date	DE5585	
5	HIPAA Adjustment Reason Short Description	HIPAA Adjustment Reason Short Descrip-tion	DE5586	

6	HIPAA Adjustment Reason Descrip-tion	HIPAA Adjustment Reason Description	DE5583	
7	Total no of adjust-ment reason codes		DE0000	

Output Reports RF-O-019 Adjustment reason and response codes cross reference listing

General Information

This is a list of all the detail data on the Adjustment reason and response codes table(RF_ADJ_RSN_RSP_XRF)

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	Adjustment Reason Cross Reference Table Listing (RFR019)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Adjustment reason and response codes cross reference listing (RF-O-019)

```
RFR019                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY              ADJUSTMENT REASON/RESPONSE CROSS REFERENCE CODE LISTING                 PA
RUN DATE: MM/DD/CCYY HH:MM

                                                          (4)                          (6)
  (1)                  (2)                  (3)                          (5)                          (7)
                                                       ADJUSTMENT                     CLAIM
                 ADJ REASON/RESPONSE       ADJUSTMENT     REASON         CLAIM        RESPONSE       XREF
 XREF CODE           PAYMENT CODE            REASON        GROUP        RESPONSE        TYPE        BEGIN
 ---------      --------------------      ----------    ----------     --------      --------      -----
 XXXX                XX                   XXXXX         XX           XXXXXXXX        X          MM/DD/C

 XXXX                XX                   XXXXX         XX           XXXXXXXX        X          MM/DD/C

 XXXX                XX                   XXXXX         XX           XXXXXXXX        X          MM/DD/C

                                                          (9)

                                                TOTAL NO OF XREF CODES: Z,ZZ,Z9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Adjustment Reason/Response Cross Reference code	Adjustment Reason/Response Cross Reference	DE5560	
2	Adjustment Reason/Response Payment Code	Adjustment Reason/Response Payment Code	DE5561	
3	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Code	DE5580	
4	HIPAA Adjustment Reason Group Code	HIPAA Adjustment Reason Group Code	DE5535	
5	Claim Response Code	Claim Response Code	DE5540	
6	Claim Response Type	Claim Response Type	DE5541	
7	Adjustment Reason/Response Begin Date	Adjustment Reason/Response Begin Date	DE5562	
8	Adjustment Reason/Response End Date	Adjustment Reason/Response End Date	DE5563	

9	Total no of Xref codes		DE0000	

Output Reports RF-O-020 Procedure GEOFEE File Conversion Error/Control Totals Reports

General Information

Errors/Control Totals Report for the conversion of Procedure tables from the GEOFEE File.

Subsystem:	Reference
Frequency:	One-Time
Volume:	Variable
Number of Copies:	2
Output Form:	X/PTR
Retention:	180 days
Distribution:	Test Teams
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     99/99/9999                             PROCEDURE GEOFEE FILE CONVERSION
RUN DATE: 99/99/9999 99.99                                ERROR REPORT


SOURCE     REC TYPE/  CURR
FILE       PROCEDURE  VA DE   BEFORE IMAGE                                ERROR MESSAGE
(1)        (2)        (3)     (4)                                        (5)
XX-X-XX    9XXXXX     999.999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX-X-XX    9XXXXX     999.999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX-X-XX    9XXXXX     999.999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX-X-XX    9XXXXX     999.999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX-X-XX    9XXXXX     999.999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RF-O-020
AS OF:     99/99/9999                             PROCEDURE GEOFEE FILE CONVERSION                            PAGE NUMBER     1
RUN DATE:  99/99/9999 99.99                                CONTROL TOTALS REPORT

GEOFEE INPUT RECORDS READ:                          9,999,99Z.ZZZZ (07)

GEOFEE INPUT BYPASSED    :                          9,999,99Z.ZZZZ (08)

GEOFEE INPUT RECORD TYPE 0:                         9,999,99Z.ZZZZ (09)

BYPASSED     RECORD TYPE 0:                         9,999,99Z.ZZZZ (10)

GEOFEE INPUT RECORD TYPE 1:                         9,999,99Z.ZZZZ (11)

BYPASSED     RECORD TYPE 1:                         9,999,99Z.ZZZZ (12)

GEOFEE INPUT RECORD TYPE 2:                         9,999,99Z.ZZZZ (13)

BYPASSED     RECORD TYPE 2:                         9,999,99Z.ZZZZ (14)

GEOFEE INPUT RECORD TYPE 3:                         9,999,99Z.ZZZZ (15)

BYPASSED     RECORD TYPE 3:                         9,999,99Z.ZZZZ (16)

    TYPE3 OUTPUT AS  TYPE1:                         9,999,99Z.ZZZZ (17)

GEOFEE INPUT RECORD TYPE 4:                         9,999,99Z.ZZZZ (18)

BYPASSED     RECORD TYPE 4:                         9,999,99Z.ZZZZ (19)

GEOFEE RECORDS WRITTEN FOR RF_PROCEDURE:            9,999,99Z.ZZZZ (20)

RF_PROCEDURE TYPE 0 WRITTEN:                        9,999,99Z.ZZZZ (21)

RF_PROCEDURE TYPE 1 WRITTEN:                        9,999,99Z.ZZZZ (22)

RF_PROCEDURE TYPE 2 WRITTEN:                        9,999,99Z.ZZZZ (23)

RF_PROCEDURE TYPE 3 WRITTEN:                        9,999,99Z.ZZZZ (24)

RF_PROCEDURE TYPE 4 WRITTEN:                        9,999,99Z.ZZZZ (25)

GEOFEE RECORDS WRITTEN FOR RF_PROC_PT_SPEC:         9,999,99Z.ZZZZ (26)

RF_PROC_PT_SPEC TYPE 0 WRITTEN:                     9,999,99Z.ZZZZ (27)

RF_PROC_PT_SPEC TYPE 1 WRITTEN:                     9,999,99Z.ZZZZ (28)

RF_PROC_PT_SPEC TYPE 2 WRITTEN:                     9,999,99Z.ZZZZ (29)

RF_PROC_PT_SPEC TYPE 3 WRITTEN:                     9,999,99Z.ZZZZ (30)

RF_PROC_PT_SPEC TYPE 4 WRITTEN:                     9,999,99Z.ZZZZ (31)
```

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RF-O-0
AS OF:      5/24/2002                          PROCEDURE GEOFEE FILE CONVERSION                            PAGE N
RUN DATE:   5/24/2002 12.32                             CONTROL TOTALS REPORT

GEOFEE RECORDS WRITTEN FOR RF_PROC_CATG:                 18,008.0000 (32)
RF_PROC_CATG TYPE 0 WRITTEN:                                749.0000 (33)
RF_PROC_CATG TYPE 1 WRITTEN:                             17,239.0000 (34)
RF_PROC_CATG TYPE 2 WRITTEN:                                 20.0000 (35)
RF_PROC_CATG TYPE 3 WRITTEN:                                  0.0000 (36)
RF_PROC_CATG TYPE 4 WRITTEN:                                  0.0000 (37)
GEOFEE RECORDS WRITTEN FOR RF_PROC_PA_TYPE:              22,245.0000 (38)
RF_PROC_PA_TYPE TYPE 0 WRITTEN:                             749.0000 (39)
RF_PROC_PA_TYPE TYPE 1 WRITTEN:                          17,229.0000 (40)
RF_PROC_PA_TYPE TYPE 2 WRITTEN:                              18.0000 (41)
RF_PROC_PA_TYPE TYPE 3 WRITTEN:                               0.0000 (42)
RF_PROC_PA_TYPE TYPE 4 WRITTEN:                           4,249.0000 (43)
GEOFEE RECORDS WRITTEN FOR RF_PROC_TPL_CODE:            181,973.0000 (44)
RF_PROC_TPL_CODE TYPE 0 WRITTEN:                            338.0000 (45)
RF_PROC_TPL_CODE TYPE 1 WRITTEN:                        140,686.0000 (46)
RF_PROC_TPL_CODE TYPE 2 WRITTEN:                            128.0000 (47)
RF_PROC_TPL_CODE TYPE 3 WRITTEN:                              0.0000 (48)
RF_PROC_TPL_CODE TYPE 4 WRITTEN:                         40,821.0000 (49)
GEOFEE RECORDS WRITTEN FOR RF_PROC_XREF:                  1,678.0000 (50)
RF_PROC_XREF TYPE 0 WRITTEN:                                 11.0000 (51)
RF_PROC_XREF TYPE 1 WRITTEN:                              1,643.0000 (52)
RF_PROC_XREF TYPE 2 WRITTEN:                                 24.0000 (53)
RF_PROC_XREF TYPE 3 WRITTEN:                                  0.0000 (54)
RF_PROC_XREF TYPE 4 WRITTEN:                                  0.0000 (55)
GEOFEE RECORDS WRITTEN FOR RF_PROC_NDC_XREF:                 33.0000 (56)
```

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          RF-O-0
AS OF:      5/24/2002                             PROCEDURE GEOFEE FILE CONVERSION                                  PAGE N
RUN DATE:   5/24/2002 12.32                             CONTROL TOTALS REPORT

RF_PROC_NDC_XREF TYPE 0 WRITTEN:                                  0.0000 (57)
RF_PROC_NDC_XREF TYPE 1 WRITTEN:                                 33.0000 (58)
RF_PROC_NDC_XREF TYPE 2 WRITTEN:                                  0.0000 (59)
RF_PROC_NDC_XREF TYPE 3 WRITTEN:                                  0.0000 (60)
RF_PROC_NDC_XREF TYPE 4 WRITTEN:                                  0.0000 (61)
GEOFEE RECORDS WRITTEN FOR RF_PROC_ANES_MBASE:               17,244.0000 (62)
RF_PROC_ANES_MBASE TYPE 0 WRITTEN:                                0.0000 (63)
RF_PROC_ANES_MBASE TYPE 1 WRITTEN:                           17,226.0000 (64)
RF_PROC_ANES_MBASE TYPE 2 WRITTEN:                               18.0000 (65)
RF_PROC_ANES_MBASE TYPE 3 WRITTEN:                                0.0000 (66)
RF_PROC_ANES_MBASE TYPE 4 WRITTEN:                                0.0000 (67)
GEOFEE RECORDS WRITTEN FOR RF_PROC_BASE_UNITS:               17,244.0000 (68)
RF_PROC_BASE_UNITS TYPE 0 WRITTEN:                                0.0000 (69)
RF_PROC_BASE_UNITS TYPE 1 WRITTEN:                           17,226.0000 (70)
RF_PROC_BASE_UNITS TYPE 2 WRITTEN:                               18.0000 (71)
RF_PROC_BASE_UNITS TYPE 3 WRITTEN:                                0.0000 (72)
RF_PROC_BASE_UNITS TYPE 4 WRITTEN:                                0.0000 (73)
GEOFEE RECORDS WRITTEN FOR RF_PROC_MCARE_CHG:                17,244.0000 (74)
RF_PROC_MCARE_CHG TYPE 0 WRITTEN:                                 0.0000 (75)
RF_PROC_MCARE_CHG TYPE 1 WRITTEN:                            17,226.0000 (76)
RF_PROC_MCARE_CHG TYPE 2 WRITTEN:                                18.0000 (77)
RF_PROC_MCARE_CHG TYPE 3 WRITTEN:                                 0.0000 (78)
RF_PROC_MCARE_CHG TYPE 4 WRITTEN:                                 0.0000 (79)
GEOFEE RECORDS WRITTEN FOR RF_PROC_RV:                       17,244.0000 (80)
RF_PROC_RV TYPE 0 WRITTEN:                                        0.0000 (81)
```

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RF-O-0
AS OF:      5/24/2002                          PROCEDURE GEOFEE FILE CONVERSION                            PAGE N
RUN DATE:   5/24/2002  12.32                            CONTROL TOTALS REPORT

RF_PROC_RV TYPE 1 WRITTEN:                              17,226.0000 (82)

RF_PROC_RV TYPE 2 WRITTEN:                                   18.0000 (83)

RF_PROC_RV TYPE 3 WRITTEN:                                    0.0000 (84)

RF_PROC_RV TYPE 4 WRITTEN:                                    0.0000 (85)

GEOFEE RECORDS WRITTEN FOR RF_PROC_LAB:                  1,886.0000 (86)

RF_PROC_LAB TYPE 0 WRITTEN:                                   0.0000 (87)

RF_PROC_LAB TYPE 1 WRITTEN:                              1,886.0000 (88)

RF_PROC_LAB TYPE 2 WRITTEN:                                   0.0000 (89)

RF_PROC_LAB TYPE 3 WRITTEN:                                   0.0000 (90)

RF_PROC_LAB TYPE 4 WRITTEN:                                   0.0000 (91)

GEOFEE RECORDS WRITTEN FOR RF_PROC_RATES:               87,099.0000 (92)

RF_PROC_RATES TYPE 0 WRITTEN:                            9,983.0000 (93)

RF_PROC_RATES TYPE 1 WRITTEN:                           76,896.0000 (94)

RF_PROC_RATES TYPE 2 WRITTEN:                              220.0000 (95)

RF_PROC_RATES TYPE 3 WRITTEN:                                 0.0000 (96)

RF_PROC_RATES TYPE 4 WRITTEN:                                 0.0000 (97)

RF_PROC_RATES FATAL ERRORS:                                517.0000 (98)

**************************************************              0.0000

RATES INPUT FROM RFC020A:                               87,099.0000 (99)

GEOFEE LOOKUPS:                                            288.0000 (100)

RENTAL RFRATE INPUT TYPE 0:                                   0.0000 (101)

RENTAL RFRATE INPUT TYPE 1:                                288.0000 (102)

RENTAL RFRATE INPUT TYPE 2:                                   0.0000 (103)

RENTAL RFRATE INPUT TYPE 3:                                   0.0000 (104)

RENTAL RFRATE INPUT TYPE 4:                                   0.0000 (105)
```

Procedure GEOFEE File Conversion Error/Control Totals Reports (RF-O-020)

```
RFC020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     5/24/2002                              PROCEDURE GEOFEE FILE CONVERSION
RUN DATE:  5/24/2002 12.32                                 CONTROL TOTALS REPORT

TOTAL RFRATES OUTPUT FROM RFC020B:                        87,300.0000 (106)

TOTAL RENTAL RF_PROC_RATES WRITTEN:                          201.0000 (107)

RF_PROC_RATES TYPE 0 WRITTEN:                                  0.0000 (108)

RF_PROC_RATES TYPE 1 WRITTEN:                                201.0000 (109)

RF_PROC_RATES TYPE 2 WRITTEN:                                  0.0000 (110)

RF_PROC_RATES TYPE 3 WRITTEN:                                  0.0000 (111)

RF_PROC_RATES TYPE 4 WRITTEN:                                  0.0000 (112)

RENTAL XREFS ADDED (RF_PROC_XREF):                            96.0000 (113)

FATAL RECORDS WRITTEN FROM RENTAL RATES:                       0.0000 (114)

**************************************************             0.0000

GEOFEE INPUT RECORDS READ:                                   226.0000 (115)

TDO PROC INPUT RECORDS READ:                                 226.0000 (116)

RECORDS WRITTEN FOR RF_PROC_FLAG_CODES:                      226.0000 (117)

RECORDS WRITTEN FOR RF_PROC_TDO_PROJ:                        226.0000 (118)

TDO PROCEDURES NOT FOUND ON GEOFEE:                            0.0000 (119)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Source File		DE0000	Input Source File Identifier
2	Rec Type/Procedure		DE0000	Record Type and Procedure Code of source record in error.
3	CURR VA DE		DE0000	Current VMAP Data Element Number.
4	Before Image		DE0000	Input Source Data in error.
5	Error Message		DE0000	
6	Disposition		DE0000	Fatal or Warning status of source field in error.
7	GEOFEE INPUT RECORDS READ		DE0000	

8	GEOFEE INPUT BYPASSED		DE0000	Procedures not converted because of specific criteria.
9	GEOFEE INPUT RECORD TYPE 0		DE0000	
10	BYPASSED RECORD TYPE 0		DE0000	
11	GEOFEE INPUT RECORD TYPE 1		DE0000	
12	BYPASSED RECORD TYPE 1		DE0000	
13	GEOFEE INPUT RECORD TYPE 2		DE0000	
14	BYPASSED RECORD TYPE 2		DE0000	
15	GEOFEE INPUT RECORD TYPE 3		DE0000	
16	BYPASSED RECORD TYPE 3		DE0000	
17	TYPE3 Output as TYPE1		DE0000	Procedure Record Type 3 records converted as Procedure Record Type 1.
18	GEOFEE INPUT RECORD TYPE 4		DE0000	
19	BYPASSED RECORD TYPE 4		DE0000	
20	GEOFEE RECORDS WRITTEN FOR RF_ PROCEDURE		DE0000	Total number of records converted from GEOFEE File to RF_ PROCEDURE table in this program.
21	RF_ PROCEDURE TYPE 0 WRITTEN		DE0000	
22	RF_ PROCEDURE TYPE 1 WRITTEN		DE0000	
23	RF_ PROCEDURE TYPE 2 WRITTEN		DE0000	
24	RF_ PROCEDURE TYPE 3 WRITTEN		DE0000	
25	RF_ PROCEDURE		DE0000	

	TYPE 4 WRITTEN			
26	GEOFEE RECORDS WRITTEN FOR RF_PROC_PT_ SPEC		DE0000	Total number of records converted from GEOFEE File to RF_PROC_PT_ SPEC table in this program.
27	RF_PROC_PT_ SPEC TYPE 0 WRITTEN		DE0000	
28	RF_PROC_PT_ SPEC TYPE 1 WRITTEN		DE0000	
29	RF_PROC_PT_ SPEC TYPE 2 WRITTEN		DE0000	
30	RF_PROC_PT_ SPEC TYPE 3 WRITTEN		DE0000	
31	RF_PROC_PT_ SPEC TYPE 4 WRITTEN		DE0000	
32	GEOFEE RECORDS WRITTEN FOR RF_PROC_CATG		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ CATG table in this program.
33	RF_PROC_CATG TYPE 0 WRITTEN		DE0000	
34	RF_PROC_CATG TYPE 1 WRITTEN		DE0000	
35	RF_PROC_CATG TYPE 2 WRITTEN		DE0000	
36	RF_PROC_CATG TYPE 3 WRITTEN		DE0000	
37	RF_PROC_CATG TYPE 4 WRITTEN		DE0000	
38	GEOFEE RECORDS WRITTEN FOR RF_PROC_PA_ TYPE		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ PA_TYPE table in this program.
39	RF_PROC_PA_ TYPE TYPE 0 WRITTEN		DE0000	
40	RF_PROC_PA_		DE0000	

	TYPE TYPE 1 WRITTEN			
41	RF_PROC_PA_ TYPE TYPE 2 WRITTEN		DE0000	
42	RF_PROC_PA_ TYPE TYPE 3 WRITTEN		DE0000	
43	RF_PROC_PA_ TYPE TYPE 4 WRITTEN		DE0000	
44	GEOFEE RECORDS WRITTEN FOR RF_PROC_TPL_ CODE		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ TPL_CODE table in this program.
45	RF_PROC_TPL_ CODE TYPE 0 WRITTEN		DE0000	
46	RF_PROC_TPL_ CODE TYPE 1 WRITTEN		DE0000	
47	RF_PROC_TPL_ CODE TYPE 2 WRITTEN		DE0000	
48	RF_PROC_TPL_ CODE TYPE 3 WRITTEN		DE0000	
49	RF_PROC_TPL_ CODE TYPE 4 WRITTEN		DE0000	
50	GEOFEE RECORDS WRITTEN FOR RF_PROC_XREF		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ XREF table in this program.
51	RF_PROC_XREF TYPE 0 WRITTEN		DE0000	
52	RF_PROC_XREF TYPE 1 WRITTEN		DE0000	
53	RF_PROC_XREF TYPE 2 WRITTEN		DE0000	
54	RF_PROC_XREF TYPE 3 WRITTEN		DE0000	
55	RF_PROC_XREF		DE0000	

	TYPE 4 WRITTEN			
56	GEOFEE RECORDS WRITTEN FOR RF_PROC_NDC_XREF		DE0000	Total number of records converted from GEOFEE File to RF_PROC_NDC_XREF table in this program.
57	RF_PROC_NDC_XREF TYPE 0 WRITTEN		DE0000	
58	RF_PROC_NDC_XREF TYPE 1 WRITTEN		DE0000	
59	RF_PROC_NDC_XREF TYPE 2 WRITTEN		DE0000	
60	RF_PROC_NDC_XREF TYPE 3 WRITTEN		DE0000	
61	RF_PROC_NDC_XREF TYPE 4 WRITTEN		DE0000	
62	GEOFEE RECORDS WRITTEN FOR RF_PROC_ANES_MBASE		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ANES_MBASE in this program.
63	RF_PROC_ANES_MBASE TYPE 0 WRITTEN		DE0000	
64	RF_PROC_ANES_MBASE TYPE 1 WRITTEN		DE0000	
65	RF_PROC_ANES_MBASE TYPE 2 WRITTEN		DE0000	
66	RF_PROC_ANES_MBASE TYPE 3 WRITTEN		DE0000	
67	RF_PROC_ANES_MBASE TYPE 4 WRITTEN		DE0000	
68	GEOFEE RECORDS WRITTEN FOR		DE0000	Total number of records written from GEOFEE File to RF_PROC_BASE_UNITS in this program.

	RF_PROC_ BASE_UNITS			
69	RF_PROC_ BASE_UNITS TYPE 0 WRITTEN		DE0000	
70	RF_PROC_ BASE_UNITS TYPE 1 WRITTEN		DE0000	
71	RF_PROC_ BASE_UNITS TYPE 2 WRITTEN		DE0000	
72	RF_PROC_ BASE_UNITS TYPE 3 WRITTEN		DE0000	
74	GEOFEE RECORDS WRITTEN FOR RF_PROC_ MCARE_CHG		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ MCARE_CHG table in this program.
74	RF_PROC_ BASE_UNITS TYPE 4 WRITTEN		DE0000	
75	RF_PROC_ MCARE_CHG TYPE 0 WRITTEN		DE0000	
76	RF_PROC_ MCARE_CHG TYPE 1 WRITTEN		DE0000	
77	RF_PROC_ MCARE_CHG TYPE 2 WRITTEN		DE0000	
78	RF_PROC_ MCARE_CHG TYPE 3 WRITTEN		DE0000	
79	RF_PROC_ MCARE_CHG TYPE 4 WRITTEN		DE0000	
80	GEOFEE RECORDS WRITTEN FOR RF_PROC_RV		DE0000	Total number of records converted from GEOFEE File to RF_PROC_RV table in this program.
81	RF_PROC_RV TYPE 0 WRITTEN		DE0000	
82	RF_PROC_RV		DE0000	

	TYPE 1 WRITTEN			
83	RF_PROC_RV TYPE 2 WRITTEN		DE0000	
84	RF_PROC_RV TYPE 3 WRITTEN		DE0000	
85	RF_PROC_RV TYPE 4 WRITTEN		DE0000	
86	GEOFEE RECORDS WRITTEN FOR RF_PROC_LAB		DE0000	Total number of records converted from GEOFEE File for RF_PROC_ LAB table in this program.
87	RF_PROC_LAB TYPE 0 WRITTEN		DE0000	
88	RF_PROC_LAB TYPE 1 WRITTEN		DE0000	
89	RF_PROC_LAB TYPE 2 WRITTEN		DE0000	
90	RF_PROC_LAB TYPE 3 WRITTEN		DE0000	
91	RF_PROC_LAB TYPE 4 WRITTEN		DE0000	
92	GEOFEE RECORDS WRITTEN FOR RF_PROC_ RATES		DE0000	Total number of records converted from GEOFEE File to RF_PROC_ RATES in this program.
93	RF_PROC_ RATES TYPE 0 WRITTEN		DE0000	
94	RF_PROC_ RATES TYPE 1 WRITTEN		DE0000	
95	RF_PROC_ RATES TYPE 2 WRITTEN		DE0000	
96	RF_PROC_ RATES TYPE 3 WRITTEN		DE0000	
97	RF_PROC_ RATES TYPE 4 WRITTEN		DE0000	
98	RF_PROC_ RATES FATAL ERRORS		DE0000	Records that did not convert due to unacceptable data.

99	RATES INPUT FROM RFC020A		DE0000	RF_PROC_RATE records passed to second phase of conversion.
100	GEOFEE LOOKUPS		DE0000	Selected records in phase 2 that required additional fields from the GEOFEE File.
101	RENTAL RFRATE INPUT TYPE 0		DE0000	
102	RENTAL RFRATE INPUT TYPE 1		DE0000	
103	RENTAL RFRATE INPUT TYPE 2		DE0000	
104	RENTAL RFRATE INPUT TYPE 3		DE0000	
105	RENTAL RFRATE INPUT TYPE 4		DE0000	
106	TOTAL RFRATES OUTPUT FROM RFC020B		DE0000	Total number of records converted from GEOFEE File and RFRATE records passed from phase 1 of this program.
107	TOTAL RENTAL RF_PROC_ RATES WRITTEN		DE0000	Total number of additional Rental Procedure Rates converted from GEOFEE File to RF_PROC_RATES in this program.
108	RF_PROC_ RATES TYPE 0 WRITTEN		DE0000	
109	RF_PROC_ RATES TYPE 1 WRITTEN		DE0000	
110	RF_PROC_ RATES TYPE 2 WRITTEN		DE0000	
111	RF_PROC_ RATES TYPE 3 WRITTEN		DE0000	
112	RF_PROC_ RATES TYPE 4 WRITTEN		DE0000	
113	RENTAL XREFS ADDED (RF_ PROC_XREF)		DE0000	Additional Rental XREF records converted from GEOFEE File to RF_ PROC_XREF table in this program.
114	FATAL RECORDS		DE0000	

	WRITTEN FROM RENTAL RATES			
115	GEOFEE INPUT RECORDS READ		DE0000	TDO Procedure records found on GEOFEE File.
116	RECORDS WRITTEN FOR RF_PROC_ FLAG_CODES		DE0000	TDO related records converted from GEOFEE File to RF_PROC_FLAG_ CODES in this program.
118	RECORDS WRITTEN FOR RF_PROC_TDO PROJ		DE0000	TDO Procedure records converted from GEOFEE File to RF_PROC_ TDO_PROJ in this program.
119	TDO PROCEDURES NOT FOUND ON GEOFEE		DE0000	

Output Reports RF-O-021-04 Edit Criteria Audit Trail

General Information

This is an audit trail report of the on-line changes made to the Edit Criteria table (RF_EDIT_CRITERIA). 'Before' and 'after' images of the data are displayed on the report.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Edit Criteria Audit Trail (RF-O-021-04) (VMPRDL11)
Confidential:	No
Sequence:	Log Date Claim Edit Code Edit Criteria Number; Log Time
Control Breaks:	N/A

Edit Criteria Audit Trail (RF-O-021-04)

```
VMPRDL11                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/CCYY                            EDIT CRITERIA AUDIT TRAIL                                     PA
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  ----------  ------------------
(12)    New -> 1  AAAAAAAAAA  100000000
(12.1)  Old -> 1  AAAAAAAAAA  200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DEDE0000	
3	URID (Unit of Recovery Id)		DEDE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DEDE0000	
5	Connection Type (Connection Type with DB2)		DEDE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DEDE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2		DEDE0000	

	Table)			
10	Database (Name of the modified Database)		DEDE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DEDE0000	
12.1	Old (Before Image of the changed row)		DEDE0000	

Output Reports RF-O-021-05 Error Text Audit Trail

General Information

This is an audit trail report of the on-line changes made to the Error Text table (RF_EDIT_TEXT). 'Before' and 'after' images of the data are displayed on the report.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	To Be Determined
Program:	Daily Log Analyzer Error Text Audit Trail (RF-O-021-05) (VMPRDL12)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Error Text Audit Trail (RF-O-021-05)

```
VMPRDL12                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/CCYY                            ERROR TEXT AUDIT TRAIL                                        PA
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


   XXXXXXXXX (11)

            COL1  COL2         *COL3
            ----  -----------  ------------------
(12)    New -> 1  AAAAAAAAAA   100000000
(12.1)  Old -> 1  AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date		DE0000	
8	Time		DE0000	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-021-06 Error Disposition/Location Audit Trail

General Information

This is audit trail report of the on-line changes made to the Error Dispositions/Locations table (RF_ERROR_DISP_LOC). 'Before' and 'after' images of the data are displayed on the report.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	Daily Log Analyzer Error Disposition/Location Audit Trail (RF-O-021-06) (VMPRDL13)
Confidential:	No
Sequence:	Log Date; Error Code; Log Time
Control Breaks:	N/A

Error Disposition/Location Audit Trail (RF-O-021-06)

```
VMPRDL13                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:MM/DD/CCYY                            ERROR DIPOSITION/LOCATION AUDIT TRAIL                         PAGE
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XXX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XXX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)       DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	INV TYPE	Erwin Element	DE2061	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-021-07 Adjustment Reason/Response Cross-Reference Audit Trail

General Information

This is audit trail report of the on-line changes made to the Adjustment Reason/Response Xref table (RF_ADJ_RSN_RSP_UPDT). 'Before' and 'after' images of the data are displayed on the report.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	DARS
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Daily Log Analyzer Adjustment Reason Response Xref (RF-O-021-07) (VMPRDL21)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Adjustment Reason/Response Cross-Reference Audit Trail (RF-O-021-07)

```
VMPRDL21                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/CCYY                       ADJUSTMENT REASON/RESPONSE CROSS-REFERENCE AUDIT TRAIL             PA
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  ----------  ------------------
(12)   New -> 1   AAAAAAAAAA  100000000
(12.1) Old -> 1   AAAAAAAAAA  200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User ID	Log Operator Iden-tification	DE5706	
2	Correlation ID (ID associated with DB2 Extract)		DE0000	
3	URID (Unit of Recovery ID)		DE0000	
4	Connection ID (ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date		DE0000	
8	Time		DE0000	
9	Table (Name of the modified DB2		DE0000	

	Table)			
10	Database (Name of the modified Database)		DE0000	
11	(Action Type)	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-021-08 HIPAA Standard Code Sets Maintenance Audit Trail

General Information

This is audit trail report of the on-line changes made to the HIPAA X.12 UPDATE table (RF_HIPAA_X12_UPDT). 'Before' and 'after' images of the data are displayed on the report.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	DARS
Output Form:	Standard
Retention:	N/A30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer HIPAA X12 Updates (RF-O-021-08) (VMPRDL22)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HIPAA Standard Code Sets Maintenance Audit Trail (RF-O-021-08)

```
VMPRDL22                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:MM/DD/CCYY                         HIPAA STANDARD CODE SETS MAINTENANCE AUDIT TRAIL                 PAGE
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)   New -> 1   AAAAAAAAAA   100000000
(12.1) Old -> 1   AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User ID	Log Operator Identification	DE5706	
2	Correlation ID (ID associated with DB2 Extract)		DE0000	
3	URID (Unit of Recovery ID)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date		DE0000	
8	Time		DE0000	
9	Table (Name of		DE0000	

	the modified DB2 Table)			
10	Database (Name of the modified Database)		DE0000	
11	(Action Type)	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-025-01 Audit Trail for Copy ProvType/Specialty

General Information

Audit Trail Report for Program, RFR020. Displays data written to the Procedure Provider Type/Specialty Table (RF_PROC_PT_SPEC). Data is copied from one Procedure Code to another Procedure Code (from the 'COPY' Value Set Type (Copy Provider Type/Specialty rows from the End Range Procedure Code to the Begin Range Procedure Code)).

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	1
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Copy Provider Type/Specialty rows from one Procedure Code to another Procedure Code. (RFR020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Audit Trail for Copy ProvType/Specialty (RF-O-025-01)

RFR020 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY AUDIT TRAIL (COPY PROV TYPE/SPECIALTY FOR PROCEDURE CODES)
RUN DATE: MM/DD/CCYY HH:MM

(1) **(2)** **(3)** **(4)**
XXX ACTION TYPE: XXXXXX LOG DATE: 99/99/9999 LOG TIME: HH:MM:SS
(5) **(6)** **(7)**
PROC TYPE: X PROCEDURE CODE (RECEIVING): XXXXX PROCEDURE CODE (SENDING): XXXXX
(8) **(9)** **(10)** **(11)** **(12)** **(13)**
PROV TYPE: XXX SPECIALTY: XXX CLAIM TYPE: XX BEGIN DATE: 99/99/9999 END DATE: 99/99/9999 LAST UPDATE DT: 99/

TOTAL VALUE SET RANGE RECORDS READ: ZZ,ZZ9
TOTAL VALUE SET RANGE RECORDS IN ERROR: ZZ,ZZ9
TOTAL PROV TYPE/SPEC RECORDS WRITTEN: ZZ,ZZ9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD or NEW)		DE0000	
2	ACTION TYPE	Log Action Type	DE5702	N/A
3	LOG DATE	Log Date	DE5704	N/A
4	LOG TIME	Log Time	DE5705	N/A
5	PROC TYPE	Procedure Code Type	DE5001	
6	PROCEDURE CODE (RECEIVING)	Procedure Code	DE5002	
7	PROCEDURE CODE (SENDING)	Procedure Code	DE5002	
8	PROV TYPE	Provider Type	DE4006	
9	SPECIALTY	Provider Specialty Code	DE4007	
10	CLAIM TYPE	Claim Type	DE2002	
11	BEGIN DATE	Procedure Valid Pro-vider Type-Specialty Begin Date	DE5173	
12	END DATE	Procedure Valid Pro-	DE5174	

		vider Type-Specialty End Date		
13	LAST UPDATE DT	Row Update Date	DE0011	
14	TOTAL VALUE SET RANGE RECORDS READ	Calculated	DE0002	
16	TOTAL PROV TYPE/SPEC RECORDS WRITTEN	Calculated	DE0002	

Output Reports RF-O-025-02 Error Report (Copy ProvType/Specialty)

General Information

Error Report for Program, RFR020. Displays errors discovered from the validation of Value Set Range information for the 'COPY' Value Set Type (Copy Provider Type/Specialty rows from the End Range Procedure Code to the Begin Range Procedure Code.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Copy Provider Type/Specialty rows from one Procedure Code to another Procedure Code. (RFR020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Error Report (Copy ProvType/Specialty) (RF-O-025-02)

```
RFR020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
02
AS OF MM/DD/CCYY                    ERROR REPORT (COPY PROV TYPE/SPECIALTY FOR PROCEDURE CODES)        PA
RUN DATE: MM/DD/CCYY  HH:MM


MESSAGE                                                    DESCRIPTION              VALUE
(1)                                                        (2)                      (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXX

                        TOTAL ACTIVE VALUE SET RANGE RECORDS READ:                          ZZ,ZZ9 (4)
                        TOTAL ACTIVE VALUE SET RANGE RECORDS IN ERROR:                      ZZ,ZZ9 (5)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Message		DE0000	Program Literal
2	Description		DE0000	Program Literal
3	Value		DE0000	Value of Error Field
4	TOTAL ACTIVE VALUE SET RANGE RECORDS READ	Calculated	DE0002	Displayed from program accumulator.
5	TOTAL ACTIVE VALUE SET RANGE RECORDS IN ERROR	Calculated	DE0002	Displayed from program accumulator.

Output Reports RF-O-030-01 TPL Procedure Code Update Report

General Information

Report RF-O-030-01 is produced annually displaying TPL Codes that were added/updated on the RF_PROC_TPL_CODE table.

Subsystem:	Reference
Frequency:	Annual
Volume:	Disk
Number of Copies:	1
Output Form:	Std
Retention:	365
Distribution:	N/A
Program:	Add/Update CPT/HCPCS TPL Codes With Selected Values (RFA030)
Confidential:	No
Sequence:	Procedure Code Procedure Type
Control Breaks:	N/A

TPL Procedure Code Update Report (RF-O-030-01)

1RFA030 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES R
AS OF:07/11/2008 P
RUN DATE: 07/11/2008 14:32 TPL PROCEDURE CODE UPDATE REPORT

PROC CODE (01)	PROC TYPE (02)	TPL CODE (03)	TPL SEQ NO (04)	BEGIN DATE (05)	END DATE (06)	DESCRIPTION (07)
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX
XXXXX	X	X	99	99/99/9999	99/99/9999	XXXXXXXXXXXX

TPL Procedure Code Update Report (RF-O-030-01)

```
1RFA030                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF:07/10/2008
 RUN DATE: 07/10/2008 14:32                      TPL PROCEDURE CODE UPDATE REPORT

          TOTAL PROCEDURE CODES READ                    Z,ZZZ,ZZ9 (08)
          TOTAL PROCEDURE CODES PROCESSED               Z,ZZZ,ZZ9 (09)
          TOTAL END DATED PROCEDURES BYPASSED           Z,ZZZ,ZZ9 (10)
          TOTAL END DATED PROCEDURES PROCESSED          Z,ZZZ,ZZ9 (11)

          TOTAL NUMBER OF TPL CODES ADDED               Z,ZZZ,ZZ9 (12)
          TOTAL NUMBER OF TPL CODES REACTIVATED         Z,ZZZ,ZZ9 (13)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Proc Code	Procedure Code	DE5002	
2	Proc Type	Procedure Code Type	DE5001	
3	TPL Code	TPL Code	DE5422	
4	TPL Seq No	Calculated	DE0002	when adding a row - TPL-Seq-No = 1. when updating a row - Add + 1 to TPL-Seq-No.
5	Begin Date	Procedure Coverage Begin Date	DE5003	
6	End Date	Procedure Coverage End Date	DE5004	
7	Description		DE0000	When adding TPL values, this field will display 'TPL ADDED'. When updating TPL values, this field will display 'TPL RE-ACTIVATED'.
8	Total Procedure Codes Read	Calculated	DE0002	Increment counter for all Procedure Codes read.

9	Total Procedure Codes Processed	Calculated	DE0002	Increment counter for Procedure Codes that will be processed.
10	Total End Dated Procedures Bypassed	Calculated	DE0002	Increment counter for Procedure Codes that are end-dated and not selected for processing.
11	Total End Dated Procedures Processed	Calculated	DE0002	Increment counter for Procedure Codes that are end-dated and selected for processing.
12	Total Number of TPL Codes Added	Calculated	DE0002	Increment counter each time a row is added.
13	Total Number of TPL Codes Reactivated	Calculated	DE0002	Increment counter each time a row is updated.

Output Reports RF-O-031-01 Update Report of HIPAA X12 Changes to Error Disp Loc

General Information

Report of updates made by program RFR030. Displays records updated to RF_ERROR_DISP_LOC tables as result of HIPAA X12 changes.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	1
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	HIPAA Standard Code Sets Maintenance and Reports (RFR031)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Update Report of HIPAA X12 Changes to Error Disp Loc (RF-O-031-01)

```
RFR031                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:01/01/9999                     UPDATE REPORT OF HIPAA X12 STANDARD CODE SETS VALIDATION               PAG
RUN DATE: 01/01/9999 99:99
 (1)    (2)  (3)  (4) (5)     (6)      (7)      (8)   (9)  (10)(11)    (12)    (13)     (14) (15)   (16)(17)   (19)
                  --------------- OLD ------------------  -------------------NEW----------------  EDIT DISP  -- D
 ESC   EDIT  TYP  ADJ ADJ                      PEND DENY  ADJ ADJ                      PEND DENY  PARM LOC   ----
 CODE  CODE  IND  GRP RSN    STATUS   RESP     XREF XREF  GRP RSN    STATUS   RESP     XREF XREF  SEQ  SEQ   NO-A
                                                                                                        (18)  (
 9999  9999  XX   XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  9999 9999 X 999
                                                                                                   9999 9999 X 999
                                                                                                   9999 9999 X 999
                                                                                                   9999 9999 X 999
                                                                                                   9999 9999 X 999
                                                                                                   9999 9999 X 999
                                                                                                   9999 9999 X 999
                 (24)                              (25)                                (26)
                TOTAL HIPAA X12 READ:    99999   TOTAL HIPAA X12 UPDATES:    99999   TOTAL HIPAA X12 ERRORS:    99
                TOTAL DISP LOC READ:     99999   TOTAL DISP LOC UPDATES:     99999    TOTAL DISP LOC ERRORS:    99
                 (27)                              (28)                                (29)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ESC CODE	Claim Error ESC Code	DE5506	
2	EDIT CODE	Error Text Error Code	DE5501	
3	TYP IND	Claim Type Process Indicator	DE5988	If Drug = 'RX' else = 'HE'
4	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	Old ADJ GRP
5	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	Old ADJ RSN
6	STATUS	Claim Response Code	DE5540	Old CLAIM STATUS
7	RESP	Claim Response Code	DE5540	Old Claim RESP
8	PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	Old PEND XREF
9	DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	Old DENY XREF
10	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	New ADJ GRP
11	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	New ADJ RSN
12	STATUS	Claim Response Code	DE5540	New CLAIM STATUS
13	RESP	Claim Response Code	DE5540	New CLAIM RESP
14	PEND XREF	Adjustment Reason/Re-	DE5560	New PEND XREF

		sponse Cross Reference		
15	DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	New DENY XREF
16	EDIT PARM SEQ	Reference Data Base Sequential Number	DE5020	
17	DISP LOC SEQ	Reference Data Base Sequential Number	DE5020	
18	NO ATTACH CD	Error Text Location No Attachments	DE5606	Indicates type of RESP
19	ADJ-RESP-NO-ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
20	ATTACH CD	Error Text Disposition Attachments	DE5603	Indicates type of RESP
21	ADJ_RESP_ ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
22	ADJ-RESP-DENY	Adjustment Reason/Response Cross Reference	DE5560	
23	ADJ-RESP-PEND	Adjustment Reason/Response Cross Reference	DE5560	
24	TOTAL HIPAA X12 READ	Calculated	DE0002	Maintenance entries read
25	TOTAL HIPAA X12 UPDATES	Calculated	DE0002	Total HIPAA X12 updates
26	TOTAL HIPAA X12 ERRORS	Calculated	DE0002	Total HIPAA X12 entries with errors
27	TOTAL DISP LOC READ	Calculated	DE0002	Total Disp Location entries read for update
28	TOTAL DISP LOC ENTRIES UPDATED	Calculated	DE0002	
29	TOTAL DISP LOC ERRORS	Calculated	DE0002	Total DISP LOC entries with errors

Output Reports RF-O-031-02 Error Report from HIPAA X12 Standard Code Sets - Adj Resp Validation

General Information

Listing of Errors encountered while validating Adjudication Responses to proposed HIPAA X12 changes

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	1
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	HIPAA Standard Code Sets Maintenance and Reports (RFR031)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Error Report from HIPAA X12 Standard Code Sets - Adj Resp Validation (RF-O-031-02)

```
RFR031                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:01/01/9999                    ERROR REPORT FROM HIPAA X12 STANDARD CODE SETS ADJ RESP VALIDATION      PAGE
RUN DATE: 01/01/9999 99:99
 (1)    (2)  (3)  (4) (5)     (6)      (7)      (8)   (9)  (10)(11)    (12)    (13)     (14) (15)   (16)(17)   (19)
                  --------------- OLD ------------------  -------------------NEW----------------  EDIT DISP  -- D
 ESC   EDIT  TYP  ADJ ADJ                      PEND DENY  ADJ ADJ                      PEND DENY  PARM LOC   ----
 CODE  CODE  IND  GRP RSN    STATUS   RESP     XREF XREF  GRP RSN    STATUS   RESP     XREF XREF  SEQ  SEQ   NO-A
                                                                                                          (18)  (
 9999  9999  XX   XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  9999 9999 X 999
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                                9999 9999 X 999
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX

                 TOTAL ESC CODE ERRORS:     99999  TOTAL DISP LOC READ:    99999  TOTAL MESSAGE LINES:    99999
                 (24)                              (25)                            (26)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ESC CODE	Claim Error ESC Code	DE5506	
2	EDIT CODE	Error Text Error Code	DE5501	
3	TYP IND	Claim Type Process Indicator	DE5988	IF Drug = 'RX' else = 'HE'
4	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	Old ADJ GRP
5	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	Old ADJ RSN
6	STATUS	Claim Response Code	DE5540	Old CLAIM STATUS
7	RESP	Claim Response Code	DE5540	Old CLAIM RESP
8	PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	Old PEND XREF
9	DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	Old DENY XREF
10	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	New ADJ GRP
11	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	New ADJ RSN
12	STATUS	Claim Response Code	DE5540	New CLAIM STATUS
13	RESP	Claim Response Code	DE5540	NEW CLAIM RESP

14	PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	New PEND XREF
16	EDIT PARM SEQ	Reference Data Base Sequential Number	DE5020	
17	DISP LOC SEQ	Reference Data Base Sequential Number	DE5020	
18	NO ATTACH IND	Error Text Location No Attachments	DE5606	Indicates type of RESP
19	ADJ RESP NO ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
20	ATTACH IND	Error Text Disposition Attachments	DE5603	Indicates type of RESP
21	ADJ RESP ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
22	ADJ RESP DENY	Adjustment Reason/Response Cross Reference	DE5560	
23	ADJ RESP PEND	Adjustment Reason/Response Cross Reference	DE5560	
24	TOTAL ESC CODE ERRORS	Calculated	DE0002	Total HIPAA X12 entries read with errors
25	TOTAL DISP LOC READ	Calculated	DE0002	
26	TOTAL MESSAGE LINES	Calculated	DE0002	

Output Reports RF-O-031-03 Error Report from HIPAA X12 Standard Code Sets Validation

General Information

Listing of Errors encountered while validating HIPAA X12 changes and Adj Resp

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	HIPAA Standard Code Sets Maintenance and Reports (RFR031)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Error Report from HIPAA X12 Standard Code Sets Validation (RF-O-031-03)

```
RFR031                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:01/01/9999                ERROR REPORT FROM HIPAA X12 STANDARD CODE SETS XREF AND ADJ RESP VALIDATION   PAG
RUN DATE: 01/01/9999 99:99

 (1)    (2)  (3)  (4) (5)     (6)      (7)      (8)   (9)  (10)(11)    (12)    (13)     (14) (15)   (16)(17)   (19
                  --------------- OLD ------------------  -------------------NEW----------------  EDIT DISP  -- D
 ESC   EDIT  TYP  ADJ ADJ                        PEND DENY  ADJ ADJ                      PEND DENY  PARM LOC   ----
 CODE  CODE  IND  GRP RSN    STATUS   RESP     XREF XREF  GRP RSN    STATUS   RESP     XREF XREF  SEQ  SEQ   NO-A
                                                                                                          (18)
 9999  9999  XX   XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  XX  XXXXX  XXXXXXXX XXXXXXXX 9999 9999  9999 9999 X 999
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                                9999 9999 X 999
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                      9999 XXXXXXXXXXXXXXXXXXXX
                                                                                 XXXX      XXXXXXXXXXXXXXXXXXXX

          TOTAL HIPAA X12 VALIDATE ERRORS:   99999  TOTAL HIPAA X12 ADJ RESP ERRORS:   99999  TOTAL DISP LOC ERRO
             (24)                                      (25)                                      (26)
                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ESC CODE	Claim Error ESC Code	DE5506	
2	EDIT CODE	Error Text Error Code	DE5501	
3	TYP IND	Claim Type Process Indicator	DE5988	If Drug = 'RX' else = 'HE'
4	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	Old ADJ GRP
5	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	Old ADJ RSN
6	STATUS	Claim Response Code	DE5540	Old CLAIM STATUS
7	RESP	HIPAA Adjustment Reason Code	DE5580	Old CLAIM RESP
8	PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	Old PEND XREF
9	DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	Old DENY XREF
10	ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	New ADJ GRP
11	ADJ RSN	HIPAA Adjustment Reason Code	DE5580	New ADJ RSN
12	STATUS	Claim Response Code	DE5540	New CLAIM STATUS

13	RESP	Claim Response Code	DE5540	New CLAIM RESP
14	PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	New PEND XREF
15	DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	New DENY XREF
16	EDIT PARM SEQ	Reference Data Base Sequential Number	DE5020	
17	DISP LOC SEQ	Reference Data Base Sequential Number	DE5020	
18	NO ATTACH IND	Error Text Location No Attachments	DE5606	Indicates type of RESP
19	ADJ RESP NO ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
20	ATTACH IND	Error Text Disposition Attachments	DE5603	Indicates type of RESP
21	ADJ RESP ATTACH	Adjustment Reason/Response Cross Reference	DE5560	
22	ADJ RESP DENY	Adjustment Reason/Response Cross Reference	DE5560	
23	ADJ RESP PEND	Adjustment Reason/Response Cross Reference	DE5560	
24	TOTAL HIPAA X12 VALIDATE ERRORS	Calculated	DE0002	
25	TOTAL DISP LOC ERRORS	Calculated	DE0002	
26	TOTAL HIPAA X12 ADJ RESP ERRORS	Calculated	DE0002	

Output Reports RF-O-032 EAPG Audit Trail

General Information

This report provides verification of all batch changes made to the EAPG data.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Enhanced Ambulatory Patient Group (EAPG) Update (RFR032)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EAPG Audit Trail (RF-O-032)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)	Calculated	DE0002	
2	LOG ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
5	EAPG CODE	EAPG Code	DE5064	
6	EAPG WEIGHT	EAPG Weight	DE5069	
7	EAPG DESC	EAPG Description	DE5068	
8	BEGIN DATE	EAPG Begin Date	DE5066	
9	END DATE	EAPG End Date	DE5067	

10	LAST UPDATE DATE	Row Update Date	DE0011	
11	TOTAL RECORDS READ	Calculated	DE0002	
12	TOTAL RECORDS ADDED	Calculated	DE0002	
13	TOTAL RECORDS CLOSED	Calculated	DE0002	
14	TOTAL RECORDS WRITTEN	Calculated	DE0002	

Output Reports RF-O-033 Outpatient EAPG Audit Trail

General Information

This report provides verification of all batch changes made to the EAPG data.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Enhanced Ambulatory Patient Group (EAPG) Update (RFR033)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EAPG Audit Trail (RF-O-033)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)	Calculated	DE0002	
2	LOG ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
5	EAPG CODE	EAPG Code	DE5064	
6	EAPG WEIGHT	EAPG Weight	DE5069	
7	EAPG DESC	EAPG Description	DE5068	
8	BEGIN DATE	EAPG Begin Date	DE5066	
9	END DATE	EAPG End Date	DE5067	
10	LAST UPDATE DATE	Row Update Date	DE0011	
11	TOTAL RECORDS READ	Calculated	DE0002	
12	TOTAL RECORDS ADDED	Calculated	DE0002	

13	TOTAL RECORDS CLOSED	Calculated	DE0002	
14	TOTAL RECORDS WRITTEN	Calculated	DE0002	

Output Reports RF-O-035 DMAS EDIT OVERRIDES REPORT

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	VAMMIS
Program:	RFR035
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	Edit Type

DMAS EDIT OVERRIDES REPORT (RF-0-035)

```
RFR035                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     RF-O-035
AS OF: 99/99/9999                                DMAS EDIT OVERRIDES REPORT                            PAGE NUMBER:          9
RUN DATE: 99/99/9999 99:99
CYCLE: QUARTERLY/ADHOC

    PTP EDITS
                        (1)                  EFFECTIVE        DATES    PROC CODE                        FILE
                  PROC CODE1  PROC CODE2       BEGIN           END      MOD IND       LAST UPDATE        IND
                    XXXXX       XXXXX        99/99/9999    99/99/9999      9           99/99/9999       X
                    XXXXX       XXXXX        99/99/9999    99/99/9999      9           99/99/9999       X


                                            TOTAL EDIT OVERRIDES:     9,999,999

  (1): REPORT SORTED BY PROCEDURE CODE1

    MUE EDITS
                        (2)                  EFFECTIVE        DATES    PUBLICATION                      FILE
                  PROC CODE     MUE UNITS      BEGIN           END        IND       LAST UPDATE       IND
                    XXXXX           99999    99/99/9999    99/99/9999      9           99/99/9999       X
                    XXXXX           99999    99/99/9999    99/99/9999      9           99/99/9999       X


                                            TOTAL EDIT OVERRIDES:     9,999,999

  (2): REPORT SORTED BY PROCEDURE CODE

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CODE1	PROC_COL1	DE5002	
2	PROC CODE2	PROC_COL2	DE5002	
3	EFFECTIVE BEGIN	EFFECTIVE_ DATE	DE5360	

4	EFFECTIVE END	DELETION_ DATE	DE5361	
5	PROC COD MOD IND	MOD_IND	DE5365	
6	LAST UPDATE	Calculated	DE0002	Based on date of update
7	FILE IND	FILE_IND	DE5358	
8	TOTAL EDIT OVERRIDES	Calculated	DE0002	Total # of Proc Codes with a DMAS Override Indicator = 'Y'
9	PROC CODE	HCPCS_CPT_ CODE	DE5002	
10	MUE UNITS	MUE_UNITS	DE5359	
11	EFFECTIVE BEGIN	EFFECTIVE_ DATE	DE5360	
12	EFFECTIVE END	DELETION_ DATE	DE5361	
13	PUBLICATION IND	PUBLISH_IND	DE5362	
14	LAST UPDATE	Calculated	DE0002	Based on date of update
15	FILE IND	FILE_IND	DE5358	
16	TOTAL EDIT OVERRIDES	Calculated	DE0002	Total # of Proc Codes with a DMAS Override Indicator = 'Y'

Output Reports RF-O-036 BYPASS TABLE MAINTENANCE REPORT

Subsystem:	Reference
Frequency:	On Demand
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	VAMMIS
Program:	RFR035
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	Edit Type

BYPASS TABLE MAINTENANCE REPORT (RF-0-036)

```
RFR035                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    RF-O-036
AS OF:99/99/9999                              BYPASS TABLE MAINTENANCE REPORT                               PAGE NUMBER:         9
RUN DATE: 99/99/9999 99:99
CYCLE: QUARTERLY

    PTP EDITS
                        (1)                  EFFECTIVE        DATES    PROC CODE                        FILE
                  PROC CODE1  PROC CODE2       BEGIN           END      MOD IND       LAST UPDATE        IND
                    XXXXX       XXXXX        99/99/9999    99/99/9999      9           99/99/9999       X
                    XXXXX       XXXXX        99/99/9999    99/99/9999      9           99/99/9999       X


                                          TOTAL BYPASS RECORD LOADED:   9,999,999
                                          TOTAL BYPASS OVERRIDES:       9,999,999
                                          TOTAL BYPASS RECORD READ:     9,999,999

  (1): REPORT SORTED BY PROCEDURE CODE1

    MUE EDITS
                        (2)                  EFFECTIVE        DATES    PUBLICATION                      FILE
                  PROC CODE     MUE UNITS      BEGIN           END        IND         LAST UPDATE        IND
                    XXXXX           99999    99/99/9999    99/99/9999      9           99/99/9999       X
                    XXXXX           99999    99/99/9999    99/99/9999      9           99/99/9999       X


                                          TOTAL BYPASS RECORD LOADED:   9,999,999
                                          TOTAL BYPASS OVERRIDES:       9,999,999
                                          TOTAL BYPASS RECORD READ:     9,999,999

  (1): REPORT SORTED BY PROCEDURE CODE1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	PROC CODE1	PROC_COL1	DE5002	
2	PROC CODE2	PROC_COL2	DE5002	
3	EFFECTIVE BEGIN	EFFECTIVE_ DATE	DE5360	
4	EFFECTIVE END	DELETION_ DATE	DE5361	
5	PROC COD MOD IND	MOD_IND	DE5365	
6	LAST UPDATE	Calculated	DE0002	Based on date of update
7	FILE IND	FILE_IND	DE5358	
8	TOTAL BYPASS RECORD LOADED	Calculated	DE0002	Total # of Records to potentially be added to table
9	TOTAL BYPASS OVERRIDES	Calculated	DE0002	Total # of rows not updated due to DMA Override Indicator = to 'Y'
10	TOTAL BYPASS RECORD READ	Calculated	DE0002	Total # of Record inserted.
11	PROC CODE	HCPCS_ CPT_CODE	DE5002	
12	MUE UNITS	MUE_UNITS	DE5359	
13	EFFECTIVE BEGIN	EFFECTIVE_ DATE	DE5360	
14	EFFECTIVE END	DELETION_ DATE	DE5361	
15	PUBLICATION IND	PUBLISH_ IND	DE5362	
16	LAST UPDATE	Calculated	DE0002	Based on date of update
17	FILE IND	FILE_IND	DE5358	
18	TOTAL BYPASS RECORD LOADED	Calculated	DE0002	Total # of Records to potentially be added to table
19	TOTAL BYPASS OVERRIDES	Calculated	DE0002	Total # of rows not updated due to DMA Override Indicator = to 'Y'
20	TOTAL BYPASS RECORD READ	Calculated	DE0002	Total # of Record inserted.

Output Reports RF-O-040-01 ICD Diagnosis Audit Trail

General Information

This report is a detail log of all updates of the ICD Diagnosis data as a result of batch processing. The report displays the old and new version of the data. The length-of-stay data appears only on the batch update report. Additionally a sum of all transactions reflected on the report appears as a totals line at the end of the report.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	HCIA Diagnosis/LOS (RFA040)
Confidential:	No
Sequence:	Diagnosis Code Date Time
Control Breaks:	N/A

ICD Diagnosis Audit Trail (RF-O-040-01)

```
XXXXXXXX                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                          HCIA DIAGNOSIS/LOS ERROR REPORT

    DIAGNOSIS/
    GROUP ID        ACTION CD          ITEM DESCRIPTION                   ITEM VALUE                    ERRO
      (1)              (2)                   (3)                              (4)
     XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
     XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
     XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
     XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX
     XXXXX              X        XXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXXXXXXXX


                                                 TOTAL ERRORS       999,999      (6)



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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)		DE0000	
2	ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
5	TERM ID	Log Terminal Identification	DE5707	
6	OPER ID	Log Operator Identification	DE5706	
8	DIAG	Diagnosis Code	DE5301	
9	(DIAGNOSIS DESCRIPTION)	Diagnosis Name	DE5302	
10	BEG	Diagnosis Coverage Begin Date	DE5318	
11	END	Diagnosis Coverage End Date	DE5319	
14	AGE MIN	Diagnosis Minimum Age	DE5304	
15	(AGE) MAX	Diagnosis Maximum Age	DE5305	
16	ACUTE/TRAUMA	Diagnosis Acute/Trauma Indicator	DE5310	

18	EFF DT	Diagnosis Auto Error Effective Date	DE5309	
19	SEX	Diagnosis Sex Restriction Code	DE5303	
20	FAM PLAN	Diagnosis Family Planning Indicator	DE5316	
21	PA	Diagnosis Prior Authorization Indicator	DE5321	
22	EMERGENCY IND	Diagnosis Emergency Code	DE5322	
23	EFF DT	Diagnosis Emergency Code Effective Date	DE5342	
23.1	EDIT FLAG	Diagnosis Edit Flag	DE5311	
23.2	COMO FLAG	Diagnosis Combo Flag	DE5312	
23.3	COMO CODE	Diagnosis Como Code	DE5313	
23.4	MDC	Diagnosis MDC	DE5314	
23.5	HCFA	Diagnosis HCFA	DE5315	
23.6	ORIG	Diagnosis Family Planning Indicator	DE5316	
23.7	PCLAS	Diagnosis Procedure Class Indicator	DE5340	
24	LOS KEY	HCIA LOS Group	DE5467	
25	LOS LINK	LOS Link	DE5330	
26	CURRENT	LOS Begin	DE5329	
27	PREVIOUS	LOS Begin	DE5329	
28	(LOS PERCENTILE)	LOS Percentile	DE5323	
29	(LOS) 00-19	LOS for Age Range 00-19	DE5335	
30	(LOS) 20-34	LOS for Age Range 20-34	DE5336	
31	(LOS) 35-49	LOS for Age Range 35-49	DE5337	
32	(LOS) 50-64	LOS for Age Range 50-64	DE5338	
33	(LOS) 65 +	LOS for Age Range 65+	DE5339	
34	AVG LOS: SINGLE DX	LOS Average for Single Diagnosis	DE5327	
35	AVG LOS: MULTP DX	LOS Average for Multiple Diagnosis	DE5328	
36	AVG LOS: SINGLE DX SURG	LOS Average for Single Diagnosis With Surgery	DE5351	
37	AVG LOS: MULTP DX SURG	LOS Average for Multiple Diagnosis With Surgery	DE5349	
38	AVG LOS: SINGLE DX NO SURG	LOS Average for Single Diagnosis Without Surgery	DE5352	
39	AVG LOS: MULTP DX NO SURG	LOS Average for Multiple Diagnosis Without Surgery	DE5350	
40	(LOS PERCENTILE) SINGLE DX	LOS Percentile for Single Diagnosis	DE5346	
41	(LOS PERCENTILE)	LOS Percentile for Multiple Dia-	DE5343	

	MULTP DX	gnosis		
42	(LOS PERCENTILE) SINGLE DX SURG	LOS Percentile for Single Diagnosis With Surgery	DE5347	
43	(LOS PERCENTILE) MULT DX SURG	LOS Percentile for Multiple Diagnosis With Surgery	DE5344	
44	(LOS PERCENTILE) SINGLE DX NO SURG	LOS Percentile for Single Diagnosis Without Surgery	DE5348	
45	(LOS PERCENTILE) MULTP DX NO SURG	LOS Percentile for Multiple Diagnosis Without Surgery	DE5345	
46	TOTAL RECORDS READ	Calculated	DE0002	
47	TOTAL ADD RECORDS READ	Calculated	DE0002	
48	TOTAL CHANGE RECORDS READ	Calculated	DE0002	
49	TOTAL DELETE RECORDS READ	Calculated	DE0002	
50	TOTAL RECORDS WRITTEN	Calculated	DE0002	
51	Diagnosis Code	Diagnosis Code	DE5301	
52	Action CD		DE0000	
53	Item Description		DE0000	
54	Item Value		DE0000	
55	ERROR Message		DE0000	
56	Total diagnosis codes input		DE0000	Calculated
57	Total diagnosis codes in error		DE0000	

Output Reports RF-O-041 RUG Audit Trail

General Information

This report provides verification of all batch changes made to the RUG data.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS – Reference
Program:	Resource Utilization Group (RUG) Update (RFR040)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

RUG Audit Trail (RF-O-041)

```
RFR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RF-O-041
AS OF:08/05/2014                                       RUG AUDIT TRAIL                                  PAGE NUMBER:         1
RUN DATE: 08/05/2014 15:18

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: BA1  RUG DESC: Behavior Problem / ADL 4-5                                  RUG WT: 000.6000
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: BA2  RUG DESC: Behavior Problem with Nursing Rehab / ADL 4-5                RUG WT: 000.7100
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: BB1  RUG DESC: Behavior Problem / ADL 6-10                                 RUG WT: 000.8200
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: BB2  RUG DESC: Behavior Problem with Nursing Rehab / ADL 6-10               RUG WT: 000.8600
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: BC1  RUG DESC: Default Group                                               RUG WT: 000.5900
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CA1  RUG DESC: Clinically Complex / ADL 4-11                               RUG WT: 000.9500
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CA2  RUG DESC: Clinically Complex with Depression / ADL 4-11                RUG WT: 001.0600
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CB1  RUG DESC: Clinically Complex / ADL 12-16                              RUG WT: 001.0700
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CB2  RUG DESC: Clinically Complex with Depression / ADL 12-16               RUG WT: 001.1500
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CC1  RUG DESC: Clinically Complex / ADL 17-18                              RUG WT: 001.2500
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: CC2  RUG DESC: Clinically Complex with Depression / ADL 17-18               RUG WT: 001.4200
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: IA1  RUG DESC: Cognitive Impairment / ADL 4-5                              RUG WT: 000.6700
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014

      ACTION TYPE: OLD      LOG DATE: 08/05/2014   LOG TIME: 15:18:20
RUG TYPE: D RUG CODE: IA2  RUG DESC: Cognitive Impairment with Nursing Rehab / ADL 4-5             RUG WT: 000.7200
BEGIN DATE: 03/01/2014    END DATE: 04/30/2014  LAST UPDATE DATE: 08/05/2014
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)	Calculated		
2	Log Date	Calculated		Execution Date
3	Log Time	Calculated		Execution Time
4	Rug Type	C_RUG_INS_IND	DE5024	
5	Rug Code	C_RUG	DE5025	
6	Rug Description	T_RUG_DESC	DE5029	

7	Rug Weight	N_RUG_WGT	DE5030	
8	Begin Date	D_RUG_BEGIN	DE5027	
9	End Date	D_RUG_END	DE5028	
10	Last Update Date	H_REC_UPDT	DE0011	

Output Reports RF-O-060 Home & Community-Based Services Audit Trail

General Information

This report provides a listing of the HCBS data including all rates that were modified during the execution of program RFR060.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Home & Community-Based Services Update (RFR060)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DRG File Listing (RF-O-060)

```
1RFR060                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RF-O-060
 AS OF:06/12/2015                        HOME & COMMUNITY BASED SERVICES AUDIT TRAIL                    PAGE NUMBER:         1
 RUN DATE: 06/12/2015 08:39                       EFFECTIVE DATE:   07/01/2015
0              PROCEDURE   REGION                                                          RATES
             TYPE CODE MOD  TYPE  REGION  DESCRIPTION                                   OLD       NEW     ACTION

              B  97139      WAV    0001   Therapeutic Consultation                      63.40     69.05  UPDATE
              I  97139      WAV    0001   Therapeutic Consultation                      62.77     69.05  UPDATE
              M  97139      WAV    0001   Therapeutic Consultation                      62.77     69.05  UPDATE
              B  97139      WAV    0002   Therapeutic Consultation                      55.13     60.04  UPDATE
              I  97139      WAV    0002   Therapeutic Consultation                      54.58     60.04  UPDATE
              M  97139      WAV    0002   Therapeutic Consultation                      54.58     60.04  UPDATE
              M  97535      WAV    0001   Congregate Residential Support                17.36     17.71  UPDATE
              M  97535      WAV    0002   Congregate Residential Support                15.10     15.40  UPDATE
              H  97535  U1  WAV    0001   Congregate Residential Support - Exceptional Support  21.70     23.13  UPDATE
              H  97535  U1  WAV    0002   Congregate Residential Support - Exceptional Support  18.88     19.26  UPDATE
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C_PROCEDURE_TYPE	Procedure Code Type	DE5001	

2	C_PROCEDURE	Procedure Code	DE5002	
3	C_PROCEDURE_MOD	Claims Procedure Code Modifier	DE2171	
4	C_REGION_TYPE	Region Type	DE5244	
5	I_REGION	Region Code	DE5249	
6	T_PROC_LONG_NAME	Procedure Long Name	DE5012	
7	N_PROC_RATE	Procedure Amount (Old)	DE5047	
8	N_PROC_RATE	Procedure Amount (New)	DE5047	
9	ACTION	ACTION		Customer Supplied

Output Reports RF-O-085-01 DME RATES UPDATE AUDIT TRAIL

General Information

This report is the audit trail for the DME Rates update.

Subsystem:	Reference
Frequency:	On Demand
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DME RATES UPDATE AUDIT TRAIL (RF-O-085-01)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Proc Type	Procedure Code Type	DE5001	

Output Reports RF-O-085-02 DME RATES UPDATE FILE ERROR REPORT

General Information

DME RATES UPDATE FILE ERROR REPORT

Subsystem:	Reference
Frequency:	On Demand
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DME RATES UPDATE FILE ERROR REPORT (RF-O-085-02)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Proc Type	Procedure Code Type	DE5001	

Output Reports RF-O-100-01 Medicare/Medicaid Allowance Comparison - Physician Fees

General Information

This report shows the comparison of Medicare physician fees to Medicaid physician fees for each carrier.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Medicare/Medicaid Allowance Comparison (RFR10001)
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	Carrier Code

Medicare/Medicaid Allowance Comparison - Physician Fees (RF-O-100-01)

RFR10001
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE / MEDICAID ALLOWANCE COMPARISON
PHYSICIAN FEES
CARRIER: 9999999999 (1)

	MEDICARE							PROCEDURES					
PROC CD (2)	MOD (3)	LOC (4)	YEAR (5)	IND (6)		FEE AMT	DIFF AMT	MAX CHG-1	MAX DT-1	PC CHG-1	PC DT-1	MAX CHG-2	MAX DT-2
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99 (7)	ZZ,ZZ9.99 (8)	ZZZ,ZZ9.99 (9)	99/99/9999 (11)	ZZ,ZZ9.99 (13)	99/99/9999 (15)	ZZZ,ZZ9.99 (9)	99/99/9999 (11)
					OP	ZZ,ZZ9.99 (7.1)	ZZ,ZZ9.99 (8.1)	ZZZ,ZZ9.99 (10)	99/99/9999 (12)	ZZ,ZZ9.99 (14)	99/99/9999 (16)	ZZZ,ZZ9.99 (10)	99/99/9999 (12)
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
*XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999

* MAX MEDICAID ALLOWED IS GREATER THAN MEDICARE ALLOWED

NUMBER OF MEDICARE RECORDS READ: ZZ,ZZ9 (17)
NUMBER OF NON MATCHES: ZZ,ZZ9 (18)
TOTAL MEDICAID MAX AMT > MEDICARE ZZ,ZZ9 (19)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER	TPL Carrier Code	DE3657	
2	PROC CD	Procedure Code	DE5002	
3	MOD	Professional Component/Technical Component Code	DE5152	
4	LOC	MMIS Locality Code based on Postal Code	DE5254	
5	YEAR	File Year	DE5455	
6	IND	Medicare Physician Fee Indicator	DE5985	
7	IP FEE AMT	Medicare Amount	DE5175	
7.1	OP FEE AMT	Medicare Physician Non-Facility Amount	DE5190	
8	IP DIFF AMT	Calculated	DE0002	

8.1	OP DIFF AMT	Calculated	DE0002	
9	IP MAX CHG-1	Procedure Amount	DE5047	
10	OP MAX CHG-1	Area Maximum Outpatient Charge	DE5169	
11	IP MAX DT-1	Procedure Amount Effective Date	DE5046	
12	OP MAX DT-1	Area Maximum Outpatient Charge Effective Date	DE5170	
13	IP PC CHG-1	Procedure Rate Type	DE5153	
14	OP PC CHG-1	Area Professional Component (PC) Outpatient Charge	DE5185	
15	IP PC DT-1	Area Professional Component (PC) Inpatient Charge Effective Date	DE5154	
16	OP PC DT-1	Area Professional Component (PC) Outpatient Charge Effective Date	DE5186	
17	NUMBER MEDICARE RECORDS READ	Calculated	DE0002	
18	NUMBER OF NON MATCHES	Calculated	DE0002	
19	TOTAL MEDICAID MAX AMT > MEDICARE	Calculated	DE0002	

Output Reports RF-O-100-02 Medicaid Fee Greater than Medicare Allowed - Physician Fees

General Information

This report lists all of the Medicaid fees by Procedure Code greater than the corresponding Medicare fees allowed for all carriers.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Carrier Code Procedure Code
Control Breaks:	N/A

Medicaid Fee Greater than Medicare Allowed - Physician Fees (RF-O-100-02)

RFR10001
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID FEE GREATER THAN MEDICARE ALLOWED
PHYSICIAN FEES
CARRIER XXXXXXXXXX (1)

REF
PA

MEDICARE								PROCEDURES					
PROC CD (2)	MOD (3)	LOC (4)	YR (5)	IND (6)		FEE AMT	DIFF AMT	MAX CHG-1	MAX DT-1	PC CHG-1	PC DT-1	MAX CHG-2	MAX DT-2
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99(7)	ZZ,ZZ9.99(8)	ZZZ,ZZ9.99(9)	99/99/9999(10)	ZZ,ZZ9.99(11)	99/99/9999(12)	ZZZ,ZZ9.99(9)	99/99/9999
					OP	ZZ,ZZ9.99(7.1)	ZZ,ZZ9.99(8.1)	ZZZ,ZZ9.99(13)	99/99/9999(14)	ZZ,ZZ9.99(15)	99/99/9999(16)	ZZZ,ZZ9.99(13)	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	IP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
					OP	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999

NUMBER OF MEDICARE RECORDS READ: ZZ,ZZ9 (17)
NUMBER OF NON MATCHES: ZZ,ZZ9 (18)
TOTAL MEDICAID MAX AMT > MEDICARE ZZ,ZZ9 (19)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER	TPL Carrier Code	DE3657	
2	PROC	Procedure Code	DE5002	
3	MOD	Professional Component/Technical Component Code	DE5152	
4	LOC	MMIS Locality Code based on Postal Code	DE5254	
5	YR	File Year	DE5455	
6	IND	Medicare Physician Fee Indicator	DE5985	
7	IP FEE AMT	Medicare Amount	DE5175	
7.1	OP FEE AMT	Medicare Physician Non-Facility Amount	DE5190	
8	IP DIFF AMT	Calculated	DE0002	

8.1	OP DIFF AMT	Calculated	DE0002	
9	IP MAX CHG-1	Procedure Amount	DE5047	
10	IP MAX DT-1	Procedure Amount Effective Date	DE5046	
11	IP PC CHG-1	Procedure Rate Type	DE5153	
12	IP PC DT-1	Area Professional Component (PC) Inpatient Charge Effective Date	DE5154	
13	OP MAX CHG-1	Area Maximum Outpatient Charge	DE5169	
14	OP MAX DT-1	Area Maximum Outpatient Charge Effective Date	DE5170	
15	OP PC CHG-1	Area Professional Component (PC) Outpatient Charge	DE5185	
16	OP PC DT-1	Area Professional Component (PC) Outpatient Charge Effective Date	DE5186	
17	NUMBER MEDICARE RECORDS READ	Calculated	DE0002	
18	NUMBER OF NON-MATCHES	Calculated	DE0002	
19	TOTAL MEDICAID MAX AMT > MEDICARE	Calculated	DE0002	

Output Reports RF-O-100-03 Medicare/Medicaid Allowance Comparison - Ambulance and DME Fees

General Information

This report shows Medicare and Medicaid comparison for ambulance and DME fees by carrier.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Carrier Code, Procedure Code
Control Breaks:	Carrier Code

Medicare/Medicaid Allowance Comparison - Ambulance and DME Fees (RF-O-100-03)

RFR10001
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE / MEDICAID ALLOWANCE COMPARISON
AMBULANCE AND DME FEES
CARRIER: 9999999999 **(1)**

MEDICARE									PROCEDURES						
PROC CD **(2)**	MOD **(3)**	LOC **(4)**	YR **(5)**	IND **(6)**	FEE 1 **(7)**	FEE 2 **(8)**	FEE 3 **(9)**		MAX CHG-1	MAX DT-1	PC CHG-1	PC DT-1	MAX CHG-2	MAX DT-2
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99 **(10)**	99/99/9999 **(11)**	ZZ,ZZ9.99 **(12)**	99/99/9999 **(13)**	ZZZ,ZZ9.99 **(10)**	99/99/9999
								OP	ZZZ,ZZ9.99 **(14)**	99/99/9999 **(15)**	ZZ,ZZ9.99 **(16)**	99/99/9999 **(17)**	ZZZ,ZZ9.99 **(14)**	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
*XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999

* MAX GEOFEE ALLOWED IS GREATER THAN MEDICARE ALLOWED

NUMBER OF MEDICARE RECORDS READ: ZZ,ZZ9 **(18)**
NUMBER OF NON MATCHES: ZZ,ZZ9 **(19)**
TOTAL MEDICAID MAX AMT > MEDICARE ZZ,ZZ9 **(20)**

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER	TPL Carrier Code	DE3657	
2	PROC CD	Procedure Code	DE5002	
3	MOD	Fee Modifier	DE5023	N/A
4	LOC	MMIS Locality Code based on Postal Code	DE5254	
5	YR	File Year	DE5455	
6	IND	Professional Component/Technical Component Code	DE5152	
7	FEE 1	Medicare DME New Purchase/Ambulance 75% Charge	DE5409	

8	FEE 2	Medicare DME Used Purchase/Ambulance 50% Charge	DE5410	
9	FEE 3	Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge	DE5411	
10	MAX CHG1	Procedure Amount	DE5047	Inpatient Procedure Amount.
11	MAX DT-1	Procedure Amount Effective Date	DE5046	Inpatient Procedure Amount Effective Date.
12	PC CHG-1	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as In-Patient Professional Component (IPPC). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
13	PC DT-1	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date (identified as In-Patient Professional Component (IPPC)).
14	MAX CHG2	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as Out-Patient Maximum Charge (OP). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
15	MAX DT-2	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date for an Out-Patient Maximum Charge.
16	PC CHG-2	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as Out-Patient Professional Component (OPPC). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
17	PC DT-2	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date (identified as Out-Patient Professional Component (OPPC)).
18	NUMBER OF MEDICARE RECORDS READ	Calculated	DE0002	
19	NUMBER OF NON-MATCHES	Calculated	DE0002	

20	TOTAL MEDICAID MAX AMT > MEDICARE	Calculated	DE0002	

Output Reports RF-O-100-04 Medicaid Fee Greater Than Medicare Allowed - Ambulance and DME Fees

General Information

This report shows the Medicaid fees that are greater than the Medicare amount allowed for all carriers.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Carrier Code Procedure Code
Control Breaks:	Carrier Code

Medicaid Fee Greater Than Medicare Allowed - Ambulance and DME Fees (RF-O-100-04)

RFR10001
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID FEE GREATER THAN MEDICARE ALLOWED
AMBULANCE AND DME FEES
CARRIER: XXXXXXXXXX (1)

RE
PA

MEDICARE									PROCEDURES					
PROC (2)	MOD (3)	LOC (4)	YR (5)	IND (6)	FEE 1 (7)	FEE 2 (8)	FEE 3 (9)		MAX CHG-1	MAX DT-1	PC CHG-1	PC DT-1	MAX CHG-2	MAX DT-2
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99 (10)	99/99/9999 (11)	ZZ,ZZ9.99 (12)	99/99/9999 (13)	ZZZ,ZZ9.99 (10)	99/99/9999
								OP	ZZZ,ZZ9.99 (14)	99/99/9999 (15)	ZZ,ZZ9.99 (16)	99/99/9999 (17)	ZZZ,ZZ9.99 (14)	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
XXXXXXX	99	999	9999	9	ZZ,ZZ9.99	ZZ,ZZ9.99	ZZ,ZZ9.99	IP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999
								OP	ZZZ,ZZ9.99	99/99/9999	ZZ,ZZ9.99	99/99/9999	ZZZ,ZZ9.99	99/99/9999

NUMBER OF MEDICARE RECORDS READ: ZZ,ZZ9 (18)
NUMBER OF NON MATCHES: ZZ,ZZ9 (19)
TOTAL MEDICAID MAX AMT > MEDICARE ZZ,ZZ9 (20)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER	TPL Carrier Code	DE3657	
2	PROC	Procedure Code	DE5002	
3	MOD	Fee Modifier	DE5023	N/A
4	LOC	MMIS Locality Code based on Postal Code	DE5254	
5	YR	File Year	DE5455	
6	IND	Professional Component/Technical Component Code	DE5152	
7	FEE 1	Medicare DME New Purchase/Ambulance 75% Charge	DE5409	
8	FEE 2	Medicare DME Used	DE5410	

		Purchase/Ambulance 50% Charge		
9	FEE 3	Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge	DE5411	
10	MAX CHG1	Procedure Amount	DE5047	Inpatient Procedure Rate Amount.
11	MAX DT-1	Procedure Amount Effective Date	DE5046	
12	PC CHG-1	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as In-Patient Professional Component (IPPC). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
13	PC DT-1	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date (identified as In-Patient Professional Component (IPPC).
14	MAX CHG2	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as Out-Patient Maximum Charge (OP). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
15	MAX DT-2	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date for an Out-Patient Maximum Charge.
16	PC CHG-2	Procedure Amount	DE5047	This field displays a Procedure Rate Amount that is identified as Out-Patient Professional Component (OPPC). The associated Procedure Amount Effective Date (DE5046) will also be displayed.
17	PC DT-2	Procedure Amount Effective Date	DE5046	This field displays a Procedure Rate Amount Effective Date (identified as Out-Patient Professional Component (OPPC)).
18	NUMBER OF MEDICARE RECORDS READ	Calculated	DE0002	
19	NUMBER OF NON-MATCHES	Calculated	DE0002	
20	TOTAL	Calculated	DE0002	

	MEDICAID MAX AMT > MEDICARE			

Output Reports RF-O-102 Provider Charges by CPT/HCPCS Code (Dental/Revenue/ICD)

General Information

This report lists provider charges by procedure or revenue code.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Provider Charges by HCPCS/Dental/Revenue/ICD (RFR102)
Confidential:	No
Sequence:	Procedure Code Range; Provider Type; Provider Specialty
Control Breaks:	N/A

Provider Charges by CPT/HCPCS Code (Dental/Revenue/ICD) (RF-O-102)

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XXXXXXXX                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: RF-O-102
AS OF MM/DD/CCYY                                                                                          PAGE NO:    ZZZZZ9
RUN DATE: MM/DD/CCYY  HH:MM                PROVIDER CHARGES BY CPT/HCPCS CODE
                                                (OR DENTAL, OR REVENUE)

PROV TYPE: XXX     PROV SPEC: XXX     AREA: XX     PROC CD RANGES: XXXXXXX/XXXXXXX    XXXXXXX/XXXXXXX    XXXXXXX/XXXXXXX
          (2)                (3)            (3.1)                  (1)

PROCEDURE                                                COVERAGE DATE        AGE
  CODE                                                  BEGIN       END     MIN MAX  FLAG  S/R  BEGIN DT    END DT    FLAG  S/R  BEGIN DT    END DT
   (4)              PROCEDURE NAME                        (6)        (7)     (8)  (9)  (10)  (11)   (12)       (13)     (10)  (11)   (12)       (13)
XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY MM/DD/CCYY  99  999   XXX   X  MM/DD/CCYY MM/DD/CCYY  XXX   X  MM/DD/CCYY MM/DD/CCYY
                                                                            XXX   X  MM/DD/CCYY MM/DD/CCYY  XXX   X  MM/DD/CCYY MM/DD/CCYY
                                                                            XXX   X  MM/DD/CCYY MM/DD/CCYY  XXX   X  MM/DD/CCYY MM/DD/CCYY
                                                                            XXX   X  MM/DD/CCYY MM/DD/CCYY  XXX   X  MM/DD/CCYY MM/DD/CCYY

   (17) CAT: XXX                          MAX      BEGIN/END     PREV MAX    BEGIN/END      PC      BEGIN/END     PREV PC    BEGIN/DATE.
                                          CHARGE     DATE        CHARGE       DATE        CHARGE     DATE        CHARGE       DATE

(14) XXXXXXXXXXXXXXX   IP 1 ZZ,ZZ9.99 (16) MM/DD/CCYY (18) ZZ,ZZ9.99 (20) MM/DD/CCYY (22) ZZ,ZZ9.99 (24) MM/DD/CCYY (26) ZZ,ZZ9.99 (28) MM/DD/CCYY (30)
                                            MM/DD/CCYY                     MM/DD/CCYY                     MM/DD/CCYY                     MM/DD/CCYY
                       OP   ZZ,ZZ9.99 (17) MM/DD/CCYY (19) ZZ,ZZ9.99 (21) MM/DD/CCYY (23) ZZ,ZZ9.99 (25) MM/DD/CCYY (27) ZZ,ZZ9.99 (29) MM/DD/CCYY (31)
                                            MM/DD/CCYY                     MM/DD/CCYY                     MM/DD/CCYY                     MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 2 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 3 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 4 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 5 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 6 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
        XXXXXXXXXXXXXXX   IP 7 ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY
                       OP   ZZ,ZZ9.99       MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY    ZZ,ZZ9.99    MM/DD/CCYY
                                            MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY                 MM/DD/CCYY

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD RANGES	Procedure Code	DE5002	Data comes from CAF004 as input parameter
2	PROV TYPE	Provider Type	DE4006	
3	PROV SPEC	Provider Specialty Code	DE4007	
3.1	AREA	MMIS Locality Code based on Postal Code	DE5254	Data comes from CAF004 as input parameter
4	PROC CODE	Procedure Code	DE5002	
5	PROCEDURE NAME	Procedure Short Name	DE5015	
6	COVERAGE DATE BEGIN	Procedure Coverage Begin Date	DE5003	
7	COVERAGE DATE END	Procedure Coverage End Date	DE5004	
8	AGE MIN	Procedure Minimum Age Limit	DE5009	

9	AGE MAX	Procedure Maximum Age Limit	DE5010	
10	FLAG	Flag Code	DE5165	
11	S/R	Flag Date Type Code	DE5240	
12	BEGIN DT	Flag Begin Date	DE5242	
13	END DT	Flag End Date	DE5243	
13.1	CAT	Region Type	DE5244	
14	(DESCRIPTION)	Region Name	DE5250	
16	IP MAX CHARGE	Procedure Amount	DE5047	Rate type 'IP'
17	OP MAX CHARGE	Procedure Amount	DE5047	Rate type 'OP'
18	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'IP'
19	OP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'OP'
20	IP PREV MAX CHARGE	Procedure Amount	DE5047	Rate type 'IP'
21	OP PREV MAX CHARGE	Area Maximum Out-patient Charge	DE5169	Rate type 'OP'
22	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'IP'
23	OP EFF DATE	Area Maximum Out-patient Charge Effect-ive Date	DE5170	Rate type 'OP'
24	IP PC CHARGE	Procedure Amount	DE5047	Rate type 'IPPC'
25	OP PC CHARGE	Procedure Amount	DE5047	Rate type 'OPPC'
26	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'IPPC'
27	OP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'OPPC'
28	IP PREV PC CHARGE	Procedure Amount	DE5047	Rate type 'IPPC'
29	OP PREV PC CHARGE	Procedure Amount	DE5047	Rate type 'OPPC'
30	IP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'IPPC'
31	OP EFF DATE	Procedure Amount Effective Date	DE5046	Rate type 'OPPC'

Output Reports RF-O-104-01 Locality Region Audit Trail

General Information

This report provides verification of all on-line changes made to the Region File.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Locality Region Audit Trail (RF-O-104-01) (VMPRDL14)
Confidential:	No
Sequence:	Log Date Region Code Log Time
Control Breaks:	N/A

Locality Region Audit Trail (RF-O-104-01)

```
VMPRDL14                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:MM/DD/CCYY                            LOCALITY REGION AUDIT TRAIL                                   PAG
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Iden-tification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of		DE0000	

	the modified DB2 Table)			
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-104-02 Locality Region Type Audit Trail

General Information

This report shows all on-line changes to the Locality Region Type File.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Locality Region Type Audit Trail (RF-O-104-02) (VMPRDL15)
Confidential:	No
Sequence:	Log Date Locality Region Type Log Time
Control Breaks:	N/A

Locality Region Type Audit Trail (RF-O-104-02)

```
VMPRDL15                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/CCYY                            LOCALITY REGION TYPE AUDIT TRAIL                              PA
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  ----------  ------------------
(12)   New -> 1   AAAAAAAAAA  100000000
(12.1) Old -> 1   AAAAAAAAAA  200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	

9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type		DE0000	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-104-03 Locality Detail Audit Trail

General Information

This report shows all of the on-line changes made to locality detail data on the Locality File.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Locality Detail Audit Trail (RF-O-104-03) (VMPRDL16)
Confidential:	No
Sequence:	Log Date Locality Code Log Time
Control Breaks:	N/A

Locality Detail Audit Trail (RF-O-104-03)

```
VMPRDL16                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/CCYY                            LOCALITY DETAIL AUDIT TRAIL                                   PA
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : X
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : X
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	

9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-104-04 Locality Zip Code Audit Trail

General Information

This report is an audit trail of all additions and deletions to the Zip Code File.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Locality Zip Code Audit Trail (RF-O-104-04) (VMPRDL17)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Locality Zip Code Audit Trail (RF-O-104-04)

```
VMPRDL17                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPOR
AS OF:MM/DD/CCYY                            LOCALITY ZIP CODE AUDIT TRAIL                                 PAGE
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID          : XXXX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME     : XXXX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  ----------  -----------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1)  Old -> 1   AAAAAAAAAA   200000000
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Iden-tification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-104-05 Region Type Audit Trail

General Information

This report shows all of the on-line changes made to detail data on the Region Type Table.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Region Type Audit Trail (RF-O-104-05) (VMPRDL18)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

Region Type Audit Trail (RF-O-104-05)

```
VMPRDL18                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:MM/DD/CCYY                            REGION TYPE AUDIT TRAIL                                       PAG
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)

   XXXXXXXXX (11)

            COL1  COL2         *COL3
            ----  -----------  ------------------
(12)    New -> 1   AAAAAAAAAA   100000000
(12.1) Old -> 1   AAAAAAAAAA   200000000
  ---------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-104-06 Capitation Audit Trail

General Information

This report shows all of the on-line changes made to the Capitation table (by Aid Category and Region).

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Log Date Region Type Region Capitation Sequence # Aid Category Action Type
Control Breaks:	Region Capitation Sequence # Aid Category Action Type

Capitation Audit Trail (RF-O-104-06)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(OLD OR NEW)		DE0000	
2	ACTION TYPE	Log Action Type	DE5702	N/A
3	LOG DATE	Log Date	DE5704	N/A
4	LOG TIME	Log Time	DE5705	N/A
5	TERM ID	Log Terminal Identification	DE5707	N/A

6	OPER ID	Log Operator Identification	DE5706	N/A
7	REGION TYPE	Region Type	DE5244	N/A
8	REGION	Region Code	DE5249	N/A
9	CAP SEQ #	Code ID	DE0015	N/A
10	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	N/A
12	BEGIN DATE	Capitation Rate Effective Begin Date	DE5478	N/A
13	END DATE	Capitation Rate Effective End Date	DE5479	N/A
16	(RATES) UNDER 1	Beginning Age Range for Capitation	DE5480	N/A
17	(RATES) 1 - 5	Ending Age Range for Capitation	DE5481	N/A
18	(RATES) 6 - 14	Gender that Capitation Rate is for	DE5482	N/A
19	(RATES) F 15 - 20	Capitation Rate for Age and Gender	DE5483	N/A
20	(RATES) F 21 - 44	Capitation Rate Type	DE5484	N/A
21	(RATES) M 15 - 20	Capitation Rate for Males 15 - 20	DE5485	N/A
22	(RATES) M 21 - 44	Capitation Rate for Males 21 - 44	DE5486	N/A
23	(RATES) OVER 44	Capitation Rate for Over 44	DE5487	N/A
24	TOTAL RECORDS READ	Calculated	DE0002	Sum of all Reference Sub-system Log File records read.
25	TOTAL ADD RECORDS READ	Calculated	DE0002	Sum of all Reference Sub-system
26	TOTAL CHANGE RECORDS READ	Calculated	DE0002	Sum of all Reference Sub-system Before and After Change records read from the Log File.
27	TOTAL RECORDS WRITTEN	Calculated	DE0002	Sum of the Reference Sub-system Log File records stripped and sorted for printing.

Output Reports RF-O-105-01 Locality Region Listing

General Information

This report provides a detailed listing of data for all Regions (by Region Type) and their associated Localities.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Locality Region Listing (RFR10501)
Confidential:	No
Sequence:	Region Type, Region
Control Breaks:	Region Type, Region

Locality Region Listing (RF-O-105-01)

```
RFD10501                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RI
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                                LOCALITY REGION LISTING
                (1)                    (2)                                                  (3)                 (4)
REGION TYPE: XXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     BEGIN DT: MM/DD/CCYY     END DT: MM/DD/C
END REAS CD:   XXX (5) XXXXXXXXXXXXXXXXXXXXXXXXX (6)
                    (7)                  (8)                                                  (9)                 (10)
        REGION CD:   XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     BEGIN DT: MM/DD/CCYY     END DT: M
        END REAS CD (11) XXX  (12) XXXXXXXXXXXXXXXXXXXXXXXXX
                (13)                (14)                          (15)            (16)            (17)
                LOC            NAME/DESCRIPTION              BEGIN DT        END DT        END REAS CD          END R
                999     XXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY      MM/DD/CCYY        XXX          XXXXXXXXXX
                999     XXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY      MM/DD/CCYY        XXX          XXXXXXXXXX
                 :                    :                             :               :               :

        REGION CD:   XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     BEGIN DT: MM/DD/CCYY     END DT: I
        END REAS CD:   XXX    XXXXXXXXXXXXXXXXXXXXXXXXX

                LOC            NAME/DESCRIPTION              BEGIN DT        END DT        END REAS CD          END R
                999     XXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY      MM/DD/CCYY        XXX          XXXXXXXXXX
                999     XXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY      MM/DD/CCYY        XXX          XXXXXXXXXX
                 :                    :                             :               :               :

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION TYPE	Region Type	DE5244	
2	(REGION TYPE NAME)	Region Type Name	DE5245	
3	BEGIN DT	Region Type Begin Date	DE5246	
4	END DT	Region Type End Date	DE5247	
5	END REAS CD	Region Type End Reason Code	DE5248	
6	(REASON TYPE END REASON TEXT)	Region Type End Reason Text	DE5281	
7	REGION CD	Region Code	DE5249	
8	(REGION NAME)	Region Name	DE5250	

9	BEGIN DT	Region Begin Date	DE5251	
10	END DT	Region End Date	DE5252	
11	END REAS CD	Region End Reason Code	DE5253	
12	(REGION END REASON TEXT)	Region End Reason Text	DE5282	
13	LOC	MMIS Locality Code based on Postal Code	DE5254	
14	NAME/DESCRIPTION	Locality Name	DE5255	
15	BEGIN DT	Locality/Region Type Begin Date	DE5490	N/A
16	END DT	Locality/Region Type End Date	DE5491	N/A
17	END REAS CD	Region Type Locality End Reason	DE5492	N/A
18	END REAS TEXT	Locality/Region Type End Reason Text	DE5307	N/A

Output Reports RF-O-105-02 Locality Region Type Listing

General Information

This report lists detail Region Type and Locality data from the Locality Region Type file.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Locality Region Type Listing (RFR10502)
Confidential:	No
Sequence:	Region Type, Locality
Control Breaks:	Region Type

Locality Region Type Listing (RF-O-105-02)

```
RFR10502                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                                   LOCALITY REGION TYPE LISTING
                (4.1)

REGION TYPE: XXXX(1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)  BEGIN DT: MM/DD/CCYY(3)  END DT: MM/DD/
REGION       : XXXX (4.1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4.2) BEGIN DT: MM/DD/CCYY (4.3) END DT: MM/DD/
LOC CD       : 999  (7)    XXXXXXXXXXXXXXXXXXXXXXXXXX  (8)
   END REASON CODE/DESCRIPTION                 STATUS CODE/EFF DATE       BEGIN DATE (10.1) END DATE (10.2)
      XXX  (5) XXXXXXXXXXXXXXXXXXXXXXXXXXX (6)    X (9) MM/DD/CCYY  (10)  MM/DD/CCYY   MM/DD/CCYY

         NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (13)
         ATTN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (14)
         ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (15)
         CITY:  XXXXXXXXXXXXXXXXXX (16)  ST: XX (17)  ZIP: 99999 - 9999(18)
                  (19)          (20)          (21)
         MGMT FEE: 999.99    MM/DD/CCYY    MM/DD/CCYY                PRE-ASSIGN: X (22)
                   999.99    MM/DD/CCYY    MM/DD/CCYY
                   999.99    MM/DD/CCYY    MM/DD/CCYY
                     :           :             :
         ADJACENT LOCALITY CODES:
                  (23)    (24)          (25)                          (26)          (27)
                  ORD     LOC        NAME/DESCRIPTION               BEGIN DT      END DT
                  999     999     XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY    MM/DD/CCYY
                  999     999     XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY    MM/DD/CCYY
                   :       :                  :                        :             :
         EXTENDED LOCALITY CODES:
                  (28)    (29)          (30)                          (31)          (32)
                  ORD     LOC        NAME/DESCRIPTION               BEGIN DT      END DT
                  999     999     XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY    MM/DD/CCYY
                  999     999     XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY    MM/DD/CCYY
                   : (33)  :                  :                        :             :
         ZIP GROUP: XXX
                  (34)                  (34)                  (34)
                  ZIP CODE              ZIP CODE              ZIP CODE
                  99999-9999            99999-9999            99999-9999
                  99999-9999            99999-9999            99999-9999
                  99999-9999            99999-9999            99999-9999
                     :                     :                     :
                                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION TYPE	Region Type	DE5244	RF_REGION_LOC
2	(REGION TYPE NAME)	Region Type Name	DE5245	RF_REGION_TYPE
3	BEGIN DT	Region Type Begin Date	DE5246	RF_REGION_TYPE
4	END DT	Region Type End Date	DE5247	RF_REGION_TYPE
4.1	REGION	Region Code	DE5249	RF_REGION_LOC
4.2	(REGION NAME)	Region Name	DE5250	RF_REGION
4.3	BEGIN DT	Region Begin Date	DE5251	RF_REGION
4.4	END DT	Region End Date	DE5252	RF_REGION
5	END REAS CD	Region Type Locality End Reason	DE5492	RF_REGION_LOC

6	(END REASON TEXT)		DE0000	
7	LOC CD	MMIS Locality Code based on Postal Code	DE5254	RF_REGION_LOC
8	(LOCALITY NAME)	Locality Name	DE5255	RF_LOCALITY
9	STAT	Locality Region Type Status Code	DE5271	RF_REGION_LOC
10	EFF DT	Locality Region Type Status Begin Date	DE5272	RF_REGION_LOC
10.1	BEGIN DATE	Locality/Region Type Begin Date	DE5490	RF_REGION_LOC
10.2	END DATE	Locality/Region Type End Date	DE5491	RF_REGION_LOC
13	NAME	Locality Region Type Address Name	DE5264	RF_REG_LOC_ADDR
14	ATTN	Locality Region Type Additional Address Name	DE5265	RF_REG_LOC_ADDR
15	ADDR	Locality Region Type Street Address	DE5266	RF_REG_LOC_ADDR
16	CITY	Locality Region Type City Name	DE5267	RF_REG_LOC_ADDR
17	ST	Locality Region Type State Code	DE5268	RF_REG_LOC_ADDR
18	ZIP	Locality Region Type Zip Code	DE5269	RF_REG_LOC_ADDR
19	MGMT FEE	Locality Region Type Management Fee	DE5449	RF_REG_LOC_MGT_FEE
20	(MGMT FEE BEGIN DT)	Locality Region Type Management Fee Begin Date	DE5450	RF_REG_LOC_MGT_FEE
21	(MGMT FEE END DT)	Locality Region Type Management Fee End Date	DE5451	RF_REG_LOC_MGT_FEE
22	PRE-ASSIGN	Locality Region Type Pre-assignment Indic-ator	DE5448	RF_REGION_LOC
23	ADJACENT LOCALITY CODES: ORD	Locality Region Type Extended Order Indic-ator	DE5277	RF_REG_LOC_ADJ_EXT
24	ADJACENT LOCALITY CODES: LOC	Locality Region Type Extended Codes	DE5278	RF_REG_LOC_ADJ_EXT
25	ADJACENT	Locality Name	DE5255	RF_LOCALITY

	LOCALITY CODES: NAME/DESCRIPTION			
26	ADJACENT LOCALITY CODES: BEGIN DT	Locality Begin Date	DE5256	RF_LOCALITY
27	ADJACENT LOCALITY CODES: END DT	Locality End Date	DE5257	RF_LOCALITY
28	EXTENDED LOCALITY CODES: ORD	Locality Region Type Extended Order Indicator	DE5277	RF_REG_LOC_ADJ_EXT
29	EXTENDED LOCALITY CODES: LOC	Locality Region Type Extended Codes	DE5278	RF_REG_LOC_ADJ_EXT
30	EXTENDED LOCALITY CODES: NAME/DESCRIPTION	Locality Name	DE5255	RF_LOCALITY
31	EXTENDED LOCALITY CODES: BEGIN DT	Locality Begin Date	DE5256	RF_LOCALITY
32	EXTENDED LOCALITY CODES: END DT	Locality End Date	DE5257	RF_LOCALITY
33	ZIP GROUP	Locality Region Type Zip Groups	DE5279	RF_ZIP_GROUP
34	ZIP CODE	Locality Region Type Zip Code	DE5269	RF_ZIP_GROUP_ZIP

Output Reports RF-O-105-03 Locality Detail Listing

General Information

This report lists all of the detail data on the Locality Table for each locality.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Locality Detail Listing (RFR10503)
Confidential:	No
Sequence:	Locality Code
Control Breaks:	N/A

Locality Detail Listing (RF-O-105-03)

```
RFR10503                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                                        LOCALITY DETAIL LISTING

LOC CODE: XXX(1)  XXXXXXXXXXXXXXXXXXXXXXXXX(2) BEGIN DT: MM/DD/CCYY(3)  END DT: MM/DD/CCYY(4)
        END REASON CD: XXX (7) XXXXXXXXXXXXXXXXXXXXXXXXX (8)
        SIZE INDICATOR: X (9)      INCOME LEVEL: X (10)

        ZIP CODES:     (11)
                  99999 - 9999      99999 - 9999      99999 - 9999      99999 - 9999
                  99999 - 9999      99999 - 9999      99999 - 9999      99999 - 9999
                  99999 - 9999      99999 - 9999      99999 - 9999      99999 - 9999
                  99999 - 9999      99999 - 9999      99999 - 9999      99999 - 9999
                  99999 - 9999      99999 - 9999      99999 - 9999      99999 - 9999
                       :                 :                 :                 :

        PHYSICALLY ADJACENT LOCALITY CODES:
                  (12)                (13)                          (14)          (15)
                  LOC          NAME/DESCRIPTION                 BEGIN DT       END DT
                  999     XXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
                  999     XXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
                   :                   :                             :             :

        PHYSICALLY EXTENDED LOCALITY CODES:
                  (16)                (17)                          (18)          (19)
                  LOC          NAME/DESCRIPTION                 BEGIN DT       END DT
                  999     XXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
                  999     XXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
                   :                   :                             :             :

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOC CODE	MMIS Locality Code based on Postal Code	DE5254	
2	(LOCALITY NAME)	Locality Name	DE5255	
3	BEGIN DT	Locality Begin Date	DE5256	
4	END DT	Locality End Date	DE5257	
7	END REASON CD	Locality End Reason Code	DE5258	
8	(END REASON TEXT)	Locality End Reason Text	DE5283	
9	SIZE INDICATOR	Locality Size Code	DE5260	
10	INCOME LEVEL	Locality Income Level	DE5280	

		Code		
11	ZIP CODES	Locality Zip Codes	DE5259	
12	PHYSICALLY ADJACENT LOCALITY CODES: LOC	Locality Physically Adjacent Codes	DE5262	
13	PHYSICALLY ADJ LOC CODES: NAME/DESCRIPTION	Locality Name	DE5255	
14	PHYSICALLY ADJ LOC CODES: BEGIN DT	Locality Begin Date	DE5256	
15	PHYSICALLY ADJ LOC CODES: END DT	Locality End Date	DE5257	
16	PHYSICALLY EXTENDED LOCALITY CODES: LOC	Locality Physically Extended Codes	DE5263	
17	PHYSICALLY EXT LOC CODES: NAME/DESCRIPTION	Locality Name	DE5255	
18	PHYSICALLY EXT LOC CODES: BEGIN DT	Locality Begin Date	DE5256	
19	PHYSICALLY EXT LOC CODES: END DT	Locality End Date	DE5257	

Output Reports RF-O-105-04 Locality Zip Code Listing

General Information

Listing of all Zip Codes in Zip Code File.

Subsystem:	Reference
Frequency:	On Demand
Volume:	To Be Determined
Number of Copies:	N/A
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Locality Zip Code Listing (RFR10504)
Confidential:	No
Sequence:	Zip Code
Control Breaks:	N/A

Locality Zip Code Listing (RF-O-105-04)

```
RFR10504                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                          LOCALITY ZIP CODE LISTING

  ZIP CODE                                ZIP CODE                                ZIP CODE

      (1)
XXXXX-XXXX                              XXXXX-XXXX                              XXXXX-XXXX
XXXXX-XXXX                              XXXXX-XXXX                              XXXXX-XXXX
.         .         .         .         .         .         .         .         .         .         .
.         .         .         .         .         .         .         .         .         .         .

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ZIP CODE	Locality Zip Codes	DE5259	

Output Reports RF-O-105-05 Region Type Listing

General Information

This report shows all the detail data for each Region Type.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Region Type Listing (RFR10505)
Confidential:	No
Sequence:	Region Type
Control Breaks:	N/A

Region Type Listing (RF-O-105-05)

```
RFR10505                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                          REGION TYPE LISTING

                (1)                (2)                                                (3)                (4)
REGION TYPE: XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    BEGIN DT: 99/99/9999  END DT:  99/99/9999
END REAS CD: XXX (5) XXXXXXXXXXXXXXXXXXXXXXXXX(6)

REGION TYPE: XXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    BEGIN DT: 99/99/9999  END DT:  99/99/9999
END REAS CD: XXX     XXXXXXXXXXXXXXXXXXXXXXXXX

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION TYPE	Region Type	DE5244	
2	(REGION TYPE) NAME	Region Type Name	DE5245	
3	BEGIN DT	Region Type Begin Date	DE5246	
4	END DT	Region Type End Date	DE5247	
5	END REAS CD	Region Type End Reason Code	DE5248	
6	(END REAS TEXT)	Region Type End Reason Text	DE5281	

Output Reports RF-O-105-06 Capitation Rate Listing

General Information

This report shows all of the data on the Capitation Table (RF_CAPITATION) by Rate Type, Region, Aid Category, and Gender/Age Range.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Capitation Listing (RFR10506)
Confidential:	No
Sequence:	Rate Type Region Aid Category Gender Age Range
Control Breaks:	Rate Type Region Aid Category

Capitation Rate Listing (RF-O-105-06)

```
RFR10506                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                          CAPITATION RATE LISTING

                        (1)        (2)
                                DESCRIPTION                                                BEGIN DATE    END DATE
          RATE TYPE: XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AID CATEGORY GROUP:  XXX (5)    (6)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   (7) 99/99/9999  (8) 99/99/9999
            REGION:  0001       (10)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (11) 99/99/9999 (12) 99/99/9999
                        (9)
                          AID CATG     SEX      BEGIN AGE    END AGE      RATE
                          (13)         (14)     (14)         (15)         (16)        (17)          (18)
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999

            REGION:  0002       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99/99/9999    99/99/9999

                          AID CATG     SEX      BEGIN AGE    END AGE      RATE

                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999

            REGION:  0003       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99/99/9999    99/99/9999

                          AID CATG     SEX      BEGIN AGE    END AGE      RATE

                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999
                           XXX         XXXX      XX           XX        99,999.99    99/99/9999    99/99/9999

AID CATEGORY GROUP:  XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99/99/9999    99/99/9999
            REGION:  0001   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99/99/9999    99/99/9999

                    TOTAL CAPITATION RECORDS READ:  (19) 99,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RATE TYPE	Capitation Rate Type	DE5484	N/A
2	DESCRIPTION	Code Value Description	DE0018	N/A
5	AID CATEGORY GROUP	Enrollee Eligibility Aid Category	DE3009	N/A
6	(AID CATEGORY) DESCRIPTION	Aid Category Code Description	DE3301	N/A
7	BEGIN DATE	System Parameter Begin Date	DE5384	N/A
8	END DATE	System Parameter End Date	DE5385	N/A
9	REGION	Region Code	DE5249	N/A

10	(REGION NAME) DESCRIPTION	Region Name	DE5250	N/A
11	BEGIN DATE	Region Begin Date	DE5251	N/A
12	END DATE	Region End Date	DE5252	N/A
13.1	SEX	Gender that Capitation Rate is for	DE5482	N/A
14	BEGIN AGE	Beginning Age Range for Capitation	DE5480	N/A
15	END AGE	Ending Age Range for Capitation	DE5481	N/A
16	RATE	Capitation Rate for Age and Gender	DE5483	N/A
17	BEGIN DATE	Capitation Rate Effective Begin Date	DE5478	N/A
18	END DATE	Capitation Rate Effective End Date	DE5479	N/A
19	TOTAL CAPITATION RATE RECORDS READ		DE0000	Add 1 to a counter for each record read.

Output Reports RF-O-105-07 Transportation Rate Table Listing

General Information

This report shows all of the data and rates on the Transportation Rate Table by Procedure Code and by Transportation Rate Type.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To be Determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Transportation Rate Listing (RFR10507)
Confidential:	No
Sequence:	Procedure Type Procedure Code
Control Breaks:	Procedure Code

Transportation Rate Table Listing (RF-O-105-07)

RFR10507
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

TRANSPORTATION RATE LISTING

(1) PROCEDURE CODE	(1.1) TYPE	(2) DESCRIPTION	(3) BEGIN DATE	(4) END DA
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/99

(5) RATE TYPE	(6) MINIMUM RATE	(7) MAXIMUM RATE	(8) BASE RATE	(9) RATE PER MILE	(10) RATE PER PASSENGER	(11) WAIT RATE	(12) MINIMUM MLG RANGE	(13) MAXIMUM MLG RANGE	(14) ALLOWED HOURS	(15) BEGIN D
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9

PROCEDURE CODE	TYPE	DESCRIPTION	BEGIN DATE	END DA
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/99

RATE TYPE	MINIMUM RATE	MAXIMUM RATE	BASE RATE	RATE PER MILE	RATE PER PASSENGER	WAIT RATE	MINIMUM MLG RANGE	MAXIMUM MLG RANGE	ALLOWED HOURS	BEGIN D
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9
XXXXXXXXX	9,999	9,999	9,999.99	999.99	999.99	999.99	9,999	9,999	9,999	99/99/9

TOTAL TRANSPORTATION RATE RECORDS READ: 99,999 (17)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROCEDURE CODE	Procedure Code	DE5002	N/A
1.1	TYPE	Procedure Code Type	DE5001	N/A
2	DESCRIPTION	Procedure Short Name	DE5015	N/A
3	BEGIN DATE	Procedure Coverage Begin Date	DE5003	N/A
4	END DATE	Procedure Coverage End Date	DE5004	N/A
5	RATE TYPE	Transportation Rate Type	DE5714	N/A
6	MINIMUM RATE	Transportation Minimum Rate	DE5715	N/A
7	MAXIMUM RATE	Transportation Maximum Rate	DE5716	N/A
8	BASE RATE	Transportation Base	DE5717	N/A

		Rate		
9	RATE PER MILE	Trans Rate Mile/Hour/Passenger	DE5718	N/A
10	RATE PER PASSENGER	Trans Rate Mile/Hour/Passenger	DE5718	N/A
11	WAIT RATE	Trans Rate Mile/Hour/Passenger	DE5718	N/A
12	MINIMUM MLG RANGE	Transportation Mileage Range Minimum	DE5719	N/A
13	MAXIMUM MLG RANGE	Transportation Mileage Range Maximum	DE5720	N/A
14	ALLOWED HOURS	Transportation Allow-able Wait Hours	DE5872	N/A
15	BEGIN DATE (RATE)	Transportation Rate Begin Date	DE5712	N/A
16	END DATE (RATE)	Transportation Rate End Date	DE5713	N/A
17	TOTAL TRANSPORTATION RATE RECORDS READ		DE0000	N/A

Output Reports RF-O-105-08 CCC Capitation Rate Listing Report

General Information

This report shows only the CCC (Commonwealth Coordinated Care) programs on the Capitation Table (RF_CAPITATION) by Rate Type, Region, Aid Category, and Gender/Age Range. This process will NOT include any of the other programs. The CCC programs are identified by the Aid Categories: 'NFU', 'NFO', 'CWU' and 'CWO'.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	CCC Capitation Rate Listing (RFR10508)
Confidential:	No
Sequence:	Rate Type Region Aid Category Gender Age Range
Control Breaks:	Rate Type, Region, Aid Category

Capitation Rate Listing (RF-O-105-08)

```
RFR10508                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO: RF-O-105-08
 AS OF:MM/DD/CCYY                        CCC CAPITATION RATE LISTING                              PAGE NUMBER:        99
 RUN DATE: MM/DD/CCYY HH:MM

                                         DESCRIPTION                                     BEGIN DATE   END DATE

                   RATE TYPE: XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          AID CATEGORY GROUP: XXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY  MM/DD/CCYY
                     REGION: XXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY  MM/DD/CCYY

                          AID CATG   SEX    BEGIN AGE    END AGE      RATE

                            XXX      X          XX         XXX      99,999.99     MM/DD/CCYY  MM/DD/CCYY

                     REGION: XXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY  MM/DD/CCYY

                          AID CATG   SEX    BEGIN AGE    END AGE      RATE

                            XXX      X          XX         XXX      99,999.99     MM/DD/CCYY  MM/DD/CCYY

                     REGION: XXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY  MM/DD/CCYY

                          AID CATG   SEX    BEGIN AGE    END AGE      RATE

                            XXX      X          XX         XXX      99,999.99     MM/DD/CCYY  MM/DD/CCYY

                     REGION: XXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY  MM/DD/CCYY

                          AID CATG   SEX    BEGIN AGE    END AGE      RATE

                            XXX      X          XX         XXX      99,999.99     MM/DD/CCYY  MM/DD/CCYY

                TOTAL CAPITATION RECORDS READ:     9,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RATE TYPE	C_CAP_RATETYP_ CVAL	DE5484	RF_CAPITATION
2	DESCRIPTION	T_VALUE_DESC	DE0018	GL_CODE_VALUE
5	AID CATEGORY GROUP	C_AID_CATG	DE3009	RS_ENRL_AID_CATG
6	(AID CATEGORY) DESCRIPTION	T_DESC	DE3301	RS_AID_CATEGORY_R
7	BEGIN DATE	D_SYSPAR_BEGIN	DE5384	RF_SYS_PARAMETER
8	END DATE	D_SYSPAR_END	DE5385	RF_SYS_PARAMETER
9	REGION	C_REGION	DE5249	RF_REGION
10	(REGION NAME) DESCRIPTION	T_REGION_DESC	DE5250	RF_REGION
11	BEGIN DATE	D_REGION_BEGIN	DE5251	RF_REGION
12	END DATE	D_REGION_END	DE5252	RF_REGION
13.1	SEX	C_ENROLLEE_SEX	DE5482	RS_PERSON
14	BEGIN AGE	N_AGE_RNG_BEGIN	DE5480	RF_CAPITATION
15	END AGE	N_AGE_RNG_END	DE5481	RF_CAPITATION
16	RATE	N_CAPITATION_ RATE	DE5483	RF_CAPITATION
17	BEGIN DATE	D_CAPITATION_ BEGIN	DE5478	RF_CAPITATION
18	END DATE	D_CAPITATION_ END Date	DE5479	RF_CAPITATION

19	TOTAL CAPITATION RATE RECORDS READ		DE0000	Add 1 to a counter for each record read.

Output Reports RF-O-106-01 HCFA HCPCS Update Error Report

General Information

This report identifies errors that occur during the HCFA HCPCS update.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	N/A
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HCFA HCPCS Update Error Report (RF-O-106-01)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

HCFA HCPCS UPDATE ERROR REPORT

PROCEDURE (1)	ACTION CD (2)	ITEM DESCRIPTION (3)	ITEM VALUE (4)	ERROR
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX

TOTAL ERRORS 999,999 (6)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROCEDURE	Procedure Code	DE5002	
2	ACTION CD		DE0000	
3	ITEM DESCRIPTION		DE0000	
4	ITEM VALUE		DE0000	
5	ERROR MESSAGE		DE0000	

Output Reports RF-O-106 HCFA HCPCS Maintenance Audit Trail Report

General Information

This report is an audit trail of the batch HCFA HCPCS procedures update.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Procedure code
Control Breaks:	N/A

HCFA HCPCS Maintenance Audit Trail Report (RF-O-106)

RFA020 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM HCFA HCPCS MAINTENANCE AUDIT TRAIL REPORT

FUNCTION: XXXXXXXXXX

PROC CD (1)		SHORT/LONG DESCRIPTION (2)	BEGIN DT - END DT (3) (4)	TYPE OF SERVICE (5)	ANES VALUE (6)
XXXXX					
	OLD:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999 - 99/99/9999	XX XX XX XX XX XX XX XX XX XX	Z9.9
	(10) XREF:	XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX		(11) LAB CODES: XXX XXX XXX XX	
	NEW:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999 - 99/99/9999	XX XX XX XX XX XX XX XX XX XX	Z9.9
	XREF:	XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX		LAB CODES: XXX XXX XXX XX	
XXXXX					
	OLD:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999 - 99/99/9999	XX XX XX XX XX XX XX XX XX XX	Z9.9
	XREF:	XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX		LAB CODES: XXX XXX XXX XX	
	NEW:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999 - 99/99/9999	XX XX XX XX XX XX XX XX XX XX	Z9.9
	XREF:	XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX		LAB CODES: XXX XXX XXX XX	

*** END OF REPORT ***

HCFA HCPCS Maintenance Audit Trail Report (RF-O-106)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM HCFA HCPCS UPDATE ERROR REPORT

PROCEDURE (1)	ACTION CD (2)	ITEM DESCRIPTION (3)	ITEM VALUE (4)	ERRO
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX
XXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX

TOTAL ERRORS 999,999 (6)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CODE	Procedure Code	DE5002	
2	PROCEDURE DESCRIPTION	Procedure Short Name	DE5015	
3	PROCEDURE BEGIN DT	Procedure Coverage Begin Date	DE5003	
4	PROCEDURE END DT	Procedure Coverage End Date	DE5004	
5	TOS	Claim Type of Service	DE2072	
6	ANESTHESIA VALUE	Medicare Anesthesia Relative Value	DE5160	
7	ANESTHESIA BEGIN DT	Medicare Anesthesia Relative Value Begin Date	DE5161	

8	ANESTHESIA END DT	Medicare Anesthesia Relative Value End Date	DE5162	
10	CROSS REFERENCE CODES	Cross Reference Procedure Code	DE5164	
11	LAB CODES	Laboratory Code	DE5080	

Output Reports RF-O-110 HCPCS File Maintenance - Processing Summary

General Information

Summarizes updates to HCPCS data from HCFA.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HCPCS File Maintenance - Processing Summary (RF-O-110)

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

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

HCPCS FILE MAINTENANCE - PROCESSING SUMMARY

HCFA HCPCS FILE:

RECORD TYPE (1)	RECORD COUNT (2)	PROCEDURE RECORDS MAINTENANCE CODE	REC
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	A - ADD	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	C - CHANGE NOMENCLATURE	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	D - DELETE	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	E - EDITORIAL	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	F - CHANGE ADMINISTRATIVE	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	N - INVALID MEDICARE CODE	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	- NO ACTIVITY	Z
XXXXXXXXXXXXXXXXXXXX	ZZZ,ZZ9	- UNDEFINED	Z
		R - VALID REACTIVATES	Z
		R - BYPASSED REACTIVATES	Z
		S - CHANGE SHORT DESC	Z
		P - PAYMENT CHANGE MOG	Z
		T - MISC. CHANGE BETOS	Z
		B - CHANGE ADMIN & NOMEN	Z
TOTAL INPUT:	(3) Z,ZZZ,ZZ9	TOTAL RECORDS READ	Z,

PROCEDURE FILE:

RECORD ID	RECORDS READ (5)	ADDED (6)	CHANGED (7)	TERMINATED (8)	REACTIVATED (9)	WI
0 - DENTAL	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z,
1 - MEDICAL	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z,
2 - REVENUE	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z,
4 - ICD-10-CM	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z,
TOTAL	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z,

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD TYPE		DE0000	
2	RECORD COUNT	Calculated	DE0002	
3	TOTAL INPUT	Calculated	DE0002	
4	TOTAL RECORDS READ	Calculated	DE0002	
5	READ	Calculated	DE0002	
6	ADDED	Calculated	DE0002	
7	CHANGED	Calculated	DE0002	
8	TERMINATED	Calculated	DE0002	
9	REACTIVATED	Calculated	DE0002	
10	WRITTEN	Calculated	DE0002	

Output Reports RF-O-111 DRG Audit Trail

General Information

This report provides verification of all Batch changes made to the DRG data.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	DRG Update (RFR030)
Confidential:	No
Sequence:	Log Date; Log Time; DRG Code
Control Breaks:	N/A

DRG Audit Trail (RF-O-111)

```
RFR030                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RF-C-
AS OF:MM/DD/CCYY                                          DRG AUDIT TRAIL                               PAGE NUMBER:    ZZZ
RUN DATE: MM/DD/CCYY HH:SS

(1)                (2)                (3)                    (4)
XXX  ACTION TYPE: XXXXXX   LOG DATE: MM/DD/CCYY   LOG TIME: HH:MM:SS
(8/8.1)DRG CODE/SOI: XXX/X (9) DRG ARITH MEAN LENGTH OF STAY: 999.99                    (10)  DRG DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  (11) BEGIN DATE: MM/DD/CCYY (12)END DATE: MM/DD/CCYY  LAST UPDATE DATE: MM/DD/CCYY (14) DRG RELATIVE WT: 999.9999 (15)


                                        TOTAL RECORDS READ :          ZZ,ZZ9
                                        TOTAL RECORDS ADDED:          ZZ,ZZ9
                                        TOTAL RECORDS CLOSED:         ZZ,ZZ9
                                        TOTAL RECORDS WRITTEN :       ZZ,ZZ9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	(OLD OR NEW)		DE0000	
2	ACTION TYPE	Log Action Type	DE5702	
3	LOG DATE	Log Date	DE5704	
4	LOG TIME	Log Time	DE5705	
8	DRG CODE	DRG (Diagnosis Related Group) Code	DE5353	
8.1	SOI	Claim DRG Severity of Illness	DE2588	
9	DRG ARITH MEAN LENGTH OF STAY	DRG Arithmetic Mean Length of Stay	DE5355	
10	DRG DESC	DRG Description	DE5356	
11	BEGIN DATE	DRG Code Begin Date	DE5298	
12	END DATE	DRG Code End Date	DE5299	
14	Last Update Date	DRG Last Update Date	DE5357	
15	DRG RELATIVE WT	DRG Relative Weight	DE5354	
16	TOTAL RECORDS READ	Calculated	DE0002	
17	TOTAL RECORDS ADDED:	Calculated	DE0002	
18	TOTAL RECORDS CLOSED:	Calculated	DE0002	
20	TOTAL RECORDS WRITTEN:	Calculated	DE0002	

Output Reports RF-O-112 DRG File Listing

General Information

This report provides a listing of the DRG data including all DRG codes and associated data that are used in claims adjudication.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	DRG File Listing (RFR112)
Confidential:	No
Sequence:	DRG Code
Control Breaks:	N/A

DRG File Listing (RF-O-112)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM DRG LISTING

DRG CODE (1)	BEGIN DATE (1.1)	END DATE (1.2)	ARITH MEAN LOS (2)	DRG DESCRIPTION (3)	U
XXX	99/99/9999	99/99/9999	999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9
XXX	99/99/9999	99/99/9999	999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9
XXX	99/99/9999	99/99/9999	999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9
XXX	99/99/9999	99/99/9999	999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9
XXX	99/99/9999	99/99/9999	999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DRG CODE	DRG (Diagnosis Related Group) Code	DE5353	
1.1	DRG CODE BEGIN DT	DRG Code Begin Date	DE5298	
1.2	DRG CODE END DT	DRG Code End Date	DE5299	
2	DRG ARITH MEAN LENGTH OF STAY	DRG Arithmetic Mean Length of Stay	DE5355	
3	DRG DESCRIPTION	DRG Description	DE5356	
4	DRG LAST UPDATE DT	DRG Last Update Date	DE5357	
5	DRG RELATIVE WEIGHT	DRG Relative Weight	DE5354	

Output Reports RF-O-113 HCPCS File Maintenance - Detail Report

General Information

Detail listing of all updates from HCFAs HCPCS maintenance file.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	N/A

HCPCS File Maintenance - Detail Report (RF-O-113)

```
XXXXXXXX                                           VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                              REPOR
AS OF MM/DD/CCYY                                                                                                                   PAGE
RUN DATE: MM/DD/CCYY  HH:MM                              HCPCS FILE MAINTENANCE - DETAIL REPORT

 PROC CD    COVERAGE       MEDICARE RV ANES       MAINT CD    ADD DT      TERM DT     ACT DT     ASC GRP-DATE    BERENSON EGGERS     LAB CE
   (1)        (2)                (3)                 (4)        (5)          (6)         (7)       (8)    (9)          (10)          (11)
XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                   (12)                                                     (13)                                       (14)          XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(15) TYPE SERV:  X X X X X(16)    PROCESS NOTE:  XXXX(17) COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(18)XX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX          X                 99.9                 X      99/99/9999  99/99/9999  99/99/9999   XX-99/99/9999        XXX           XXX  XX
                                                                                                                                     XXX  XX
HCPCS XREF:  XXXXX  XXXXX  XXXXX  XXXXX  XXXXX            MCV REFER: XXXXXX  XXXXXX  XXXXXX            COV REFER: XXXXXXXX  XXXXX
SHORT DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TYPE SERV:  X X X X X        PROCESS NOTE:  XXXX   COV ISSUE NO.: XXXXXX    XXXXX
LONG DESC:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD	Procedure Code	DE5002	
2	COVERAGE	HCPCS Coverage Code	DE5414	
3	MEDICARE RV ANES (VALUE)	Medicare Anesthesia Relative Value	DE5160	
5	ADD DT	Procedure Record Added Date	DE5149	
6	TERM DT	HCPCS Termination Date	DE5418	
7	ACT DT	Available for Use	DE5005	
8	ASC GRP	HCPCS ASC Payment Group Code	DE5415	
9	(ASC GRP) DATE	HCPCS ASC Payment	DE5416	

		Group Effective Date		
10	BERENSON EGGERS	HCPCS Berenson-Eggers Type of Service Code	DE5417	
11	LAB CERTIFICATION (CODE)	Laboratory Code	DE5080	
12	HCPCS XREF	Cross Reference Procedure Code	DE5164	
13	MCV REFER	HCPCS Medicare Carriers Manual Reference Section Number	DE5420	
14	COV REFER	HCPCS Coverage Issues Manual Reference Section Number	DE5419	
15	SHORT DESC	Procedure Short Name	DE5015	
16	TYPE SERV	Claim Type of Service	DE2072	
17	PROCESS NOTE	HCPCS Processing Note Number	DE5423	
18	COV ISSUE NO	HCPCS Medicare Carriers Manual Reference Section Number	DE5420	
19	LONG DESC	Procedure Long Name	DE5012	

Output Reports RF-O-117 Value Set File Audit Trail

General Information

This report is an audit trail report of all changes to Value Set information.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer Value Set Table Audit Trail (RF-O-117) (VMPRDL19)
Confidential:	No
Sequence:	Log Date Value Set Name Log Time
Control Breaks:	N/A

Value Set File Audit Trail (RF-O-117)

```
VMPRDL19                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/CCYY                            VALUE SET FILE AUDIT TRAIL                                    PAG
RUN DATE: MM/DD/CCYY HH:MM

 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)   New -> 1   AAAAAAAAAA   100000000
(12.1) Old -> 1   AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	

9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-118 Value Set File Listing

General Information

This listing provides value set information including Value Set name, Data Element number, Date of Last Update, and the Data Ranges from the Value Set tables (RF_VALUE_SET & RF_VALUE_SET_RANGE).

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Value Set File Listing (RFR118)
Confidential:	No
Sequence:	Value Set Name
Control Breaks:	N/A

Value Set File Listing (RF-O-118)

```
RFR118                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                                        VALUE SET LISTING


   ID        NAME                                                  BEGIN DATE     END DATE
   (1)                          (2)                                    (3)           (4)
 XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 MM/DD/CCYY   MM/DD/CCYY

            D.E     A/B  BEGIN RANGE          END RANGE            RANGE BEGIN   RANGE END
            (5)     (6)        (7)                (8)                  (9)          (10)
            XXXX     X   XXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX        MM/DD/CCYY   MM/DD/CCYY
            XXXX     X   XXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX        MM/DD/CCYY   MM/DD/CCYY
            XXXX     X   XXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX        MM/DD/CCYY   MM/DD/CCYY


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ID	Value Set Primary Key	DE5443	
2	NAME	Value Set Name	DE5392	
3	BEGIN DATE	Value Set Effective Begin Date	DE5438	
4	END DATE	Value Set Effective End Date	DE5439	
5	D.E. (TYPE)	Value Set Data Element Type	DE5395	
6	A/B	Value Set Range Type	DE5440	
7	BEGIN RANGE	Value Set Data Begin Range	DE5396	
8	END RANGE	Value Set Data End Range	DE5397	
9	RANGE BEGIN (DATE)	Value Set Range Begin Date	DE5441	
10	RANGE END (DATE)	Value Set Range End Date	DE5442	

Output Reports RF-O-119 System Parameter File Audit Trail

General Information

This report shows changes made to the system parameter table (RF_SYS_PARM_HEADER).

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Daily Log Analyzer System Parameter Table Audit Trail (RF-O-119) (VMPRDL20)
Confidential:	No
Sequence:	Log Date System Parameter Name, Log Time
Control Breaks:	N/A

System Parameter File Audit Trail (RF-O-119)

```
VMPRDL20                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/CCYY                            SYSTEM PARAMETER FILE AUDIT TRAIL                                PAG
RUN DATE: MM/DD/CCYY HH:MM


 USER ID          : XXXXXXXX     (1)        CORRELATION ID  : XXXXXXXX      (2)        URID            : XX
 CONNECTION Id    : XXXXXXXXXX   (4)        CONNECTION TYPE : XXXXXXXXXXX   (5)        PLAN NAME       : XX
 DATE             : MM-DD-CCYY   (7)        TIME            : HH:MM:SS.MS   (8)
 ---------------------------------------------------------------------------------------------------------------

   TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXX  (9)        DATABASE: XXXXXXXX  (10)


   XXXXXXXXX (11)

            COL1  COL2        *COL3
            ----  -----------  ------------------
(12)    New -> 1  AAAAAAAAAA   100000000
(12.1)  Old -> 1  AAAAAAAAAA   200000000
 ---------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Iden-tification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports RF-O-120 System Parameter File Listing

General Information

This report is a listing of all information on the system parameter table (RF_SYS_PARM_HEADER).

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	System Parameter File Listing (RFR120)
Confidential:	No
Sequence:	System Parameter ID, System Parameter Number, Begin Date
Control Breaks:	N/A

System Parameter File Listing (RF-O-120)

RFR120 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM SYSTEM PARAMETERS LISTING

```
SUB-SYSTEM      PARAM       SEQ   BEGIN DATE   END DATE     VALUE              NUMBER     DATE
                   ID         #                              TYPE    LENGTH   DECIMALS    TYPE          DESCRIPTIO
------------------------------------------------------------------------------------------------------------------
   (1)            (2)        (3)     (4)          (5)        (6)       (7)       (8)        (9)             (9.1)
SUBSYS: XX    XXXXXXXXXX   XXXXX  99/99/9999   99/99/9999     X        XX         X          X
         DATA VALUE:  (10)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SUBSYS: XX    XXXXXXXXXX   XXXXX  99/99/9999   99/99/9999     X        XX         X          X
         DATA VALUE:      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SUBSYS	System Parameter Sub-System ID	DE5369	
2	PARAM ID	System Parameter ID	DE5370	
3	SEQ #	Reference Data Base Sequential Number	DE5020	
4	BEGIN DATE	System Parameter Begin Date	DE5384	
5	END DATE	System Parameter End Date	DE5385	
6	VALUE TYPE	System Parameter Value Type	DE5387	
7	LENGTH	System Parameter Value Length	DE5372	
8	NUMBER DECIMALS	System Parameter Decimal Length	DE5373	
9	DATE TYPE	System Parameter Date Type	DE5383	
9.1	DESCRIPTION	System Parameter	DE5382	

		Description		
10	DATA VALUE	System Parameter Value	DE5386	

Output Reports RF-O-121 Locality File Mailing Labels

General Information

This report produces mailing labels for local DSS offices, Health Departments, DSS Region Offices, etc.

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	Mailing Labels
Retention:	30 Days
Distribution:	DMAS
Program:	Locality File Mailing Labels (RFR121)
Confidential:	No
Sequence:	Locality Name
Control Breaks:	N/A

Locality File Mailing Labels (RF-O-121)

RFR121
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

LOCALITY MAILING LABELS

```
(1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (2) C999
(3) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(4) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(5) XXXXXXXXXXXXXXXXXX, (6) XX      (7) 99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      C999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXXXXXXX,     XX          99999 - 9999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(LOCALITY NAME)	Locality Name	DE5255	
2	(LOCALITY CODE)	MMIS Locality Code based on Postal Code	DE5254	
3	(LOCALITY REGION TYPE ADDRESS NAME)	Locality Region Type Address Name	DE5264	
4	(LOCALITY REGION TYPE STREET ADDRESS)	Locality Region Type Street Address	DE5266	
5	(LOCALITY REGION TYPE	Locality Region Type City Name	DE5267	

	CITY NAME)			
6	(LOCALITY REGION TYPE STATE CODE)	Locality Region Type State Code	DE5268	
7	(LOCALITY REGION TYPE ZIP CODE)	Locality Region Type Zip Code	DE5269	

Output Reports RF-O-124 HCPCS Relative Value Report

General Information

Lists Procedure HCPCS records with a relative value or anesthesia value greater than zero.

Subsystem:	Reference
Frequency:	On Request
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	HCPCS Relative Value Report (RFR124)
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	N/A

HCPCS Relative Value Report (RF-O-124)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM HCPCS RELATIVE VALUE REPORT

PROC CD (1)	PROCEDURE DESCRIPTION (2)	BEGIN DT (3)	END DT (4)		R V	BEGIN DT	END DT	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99 (7)	99/99/9999 (8)	99/99/9999 (9)	99.9 (13)
				OP (10)	999.99	99/99/9999 (11)	99/99/9999 (12)	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	99.9
				OP	999.99	99/99/9999	99/99/9999	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROC CD	Procedure Code	DE5002	
2	PROCEDURE DESCRIPTION	Procedure Long Name	DE5012	
3	BEGIN DT	Procedure Coverage Begin Date	DE5003	
4	END DT	Procedure Coverage End Date	DE5004	
7	RV IP	Relative Value Procedure Amount	DE5157	Rate type 'IP'
8	BEGIN DT IP	Relative Value Procedure Begin Date	DE5158	Rate type 'IP'
9	END DT IP	Relative Value Procedure End Date	DE5159	Rate type 'IP'

10	RV OP	Relative Value Procedure Amount	DE5157	Rate type 'OP'
11	BEGIN DT OP	Relative Value Procedure Begin Date	DE5158	Rate type 'OP'
12	END DT OP	Relative Value Procedure End Date	DE5159	Rate type 'OP'
13	MCARE ANES BASE	Medicare Anesthesia Relative Value	DE5160	
14	(MCARE ANES BASE BEGIN DT)	Medicare Anesthesia Relative Value Begin Date	DE5161	
15	(MCARE ANES BASE END DT)	Medicare Anesthesia Relative Value End Date	DE5162	

Output Reports RF-O-125-01 RBRVS Fee Update Error Report

General Information

This report identifies errors that occur during the RBRVS Fee update.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	N/A
Output Form:	Standard
Retention:	30 days
Distribution:	DMAS
Program:	Procedure RBRVS File Update (RFA080)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

RBRVS Fee Update Error Report (RF-O-125-01)

RFA080 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM RBRVS FEE UPDATE FILE ERROR REPORT

PROCEDURE (1)	ACTION CD (2)	ITEM DESCRIPTION (3)	ITEM VALUE (4)	ERROR MESSAGE (5)
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS 999,999 (6)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROCEDURE	Procedure Code	DE5002	
2	ACTION CD		DE0000	
3	ITEM DESCRIPTION		DE0000	Input file field name in Error (i.e. - INPATIENT RELATIVE VALUE; INPATIENT PROFESSIONAL COMPONENT RV; ...).
4	ITEM VALUE		DE0000	The value of the field in error.
5	ERROR MESSAGE		DE0000	The error message pertaining to the input field (i.e. - PROCEDURE CODE NOT FOUND; INVALID RATE (RF08-IP-RV); ...).
6	TOTAL ERRORS	Calculated	DE0002	Total number of transaction errors encountered.

Output Reports RF-O-125 RBRVS Fee Update Audit Trail

General Information

This report is an audit trail of the procedure fees updated by the RBRVS update file submitted by the Cost Settlement and Audit Division of DMAS.

Subsystem:	Reference
Frequency:	Annual
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Procedure RBRVS File Update (RFA080)
Confidential:	No
Sequence:	Procedure Code
Control Breaks:	N/A

RBRVS Fee Update Audit Trail (RF-O-125)

XXXXXXXX VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM RBRVS FEE UPDATE AUDIT TRAIL

ACTION TYPE: XXXXXX (1) DATE: 99/99/9999 (2) TIME: HH:MM (2.1)

PROCEDURE: XXXXX (2.2) BEGIN DT: MM/DD/CCYY (2.3) END DT: MM/DD/CCYY (2.4)

CAT: XXX (2.5)

	AREA MAX(1)	EFF DATE(1)	AREA MAX(2)	EFF DATE(2)		AREA PC(1)	EFF DATE(1)	AREA PC(2)	EFF DATE(2)
	(3)	(4)	(7)	(8)		(11)	(12)	(15)	(16)
IP	999999.99	99/99/9999	999999.99	99/99/9999	IP	999999.99	99/99/9999	999999.99	99/99/9999
	999999.99	99/99/9999	999999.99	99/99/9999		999999.99	99/99/9999	999999.99	99/99/9999
	:	:	:	:		:	:	:	:
	(5)	(6)	(9)	(10)		(13)	(14)	(17)	(18)
OP	999999.99	99/99/9999	999999.99	99/99/9999	OP	999999.99	99/99/9999	999999.99	99/99/9999
	999999.99	99/99/9999	999999.99	99/99/9999		999999.99	99/99/9999	999999.99	99/99/9999
	:	:	:	:		:	:	:	:

	RV	BEGIN DT	END DT		RV	BEGIN DT	END DT		PC	BEGIN DT	END DT		PC	BEGIN
	(19)	(20)	(21)		(22)	(23)	(24)		(25)	(26)	(27)		(28)	(29)
IP	999.99	99/99/9999	99/99/9999	OP	999.99	99/99/9999	99/99/9999	IP	999.99	99/99/9999	99/99/9999	OP	999.99	99/99/99
	999.99	99/99/9999	99/99/9999		999.99	99/99/9999	99/99/9999		999.99	99/99/9999	99/99/9999		999.99	99/99/99
	999.99	99/99/9999	99/99/9999		999.99	99/99/9999	99/99/9999		999.99	99/99/9999	99/99/9999		999.99	99/99/99

*** END OF REPORT ***

RBRVS Fee Update Audit Trail (RF-O-125)

```
RFA080                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY  HH:MM                          RBRVS FEE UPDATE FILE ERROR REPORT

PROCEDURE  ACTION CD      ITEM DESCRIPTION                                  ITEM VALUE          ERROR MESSAGE
     (1)       (2)                (3)                                          (4)                 (5)
 XXXXXXX      X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX      X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX      X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX      X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX

                                                   TOTAL ERRORS      999,999      (6)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION TYPE		DE0000	
2	DATE		DE0000	This is the run date of the batch JOB.
2.1	TIME		DE0000	This is the time the batch Update Job started.
2.2	PROCEDURE	Procedure Code	DE5002	
2.3	BEGIN DT	Procedure Coverage Begin Date	DE5003	
2.4	END DATE	Procedure Coverage End Date	DE5004	
2.5	CAT	Region Type	DE5244	
3	IP AREA MAX (1)	Procedure Amount	DE5047	Region 01, Rate Type "IP'
4	IP EFF DATE (1)	Procedure Amount Effective Date	DE5046	Region 01, Rate Type "IP'
5	OP AREA MAX (1)	Procedure Amount	DE5047	Region 01, Rate Type 'OP'
6	OP EFF DATE (1)	Procedure Amount Effective Date	DE5046	Region 01, Rate Type 'OP'

7	IP AREA MAX (2)	Procedure Amount	DE5047	Region 02, Rate Type 'IP'
8	IP EFF DATE (2)	Procedure Amount Effective Date	DE5046	Region 02, Rate Type 'IP'
9	OP AREA MAX (2)	Procedure Amount	DE5047	Region 02, Rate Type 'OP'
10	OP EFF DATE (2)	Procedure Amount Effective Date	DE5046	Region 02, Rate Type 'OP'
11	IP AREA PC (1)	Procedure Amount	DE5047	Region 01, Rate Type 'IPPC'
12	IP EFF DATE (1)	Procedure Amount Effective Date	DE5046	Region 01, Rate Type 'IPPC'
13	OP AREA PC (1)	Procedure Amount	DE5047	Region 01, Rate Type 'OPPC'
14	OP EFF DATE (1)	Procedure Amount Effective Date	DE5046	Region 01, Rate Type 'OPPC'
15	IP AREA PC (2)	Procedure Amount	DE5047	Region 02, Rate Type 'IPPC'
16	IP EFF DATE (2)	Procedure Amount Effective Date	DE5046	Region 02,Rate Type 'IPPC'
17	OP AREA PC (2)	Procedure Amount	DE5047	Region 02, Rate Type 'OPPC'
18	OP EFF DATE (2)	Procedure Amount Effective Date	DE5046	Region 02, Rate Type 'OPPC'
19	IP RV	Relative Value Procedure Amount	DE5157	Rate Type 'IP'
20	IP BEGIN DT	Relative Value Procedure Begin Date	DE5158	Rate Type 'IP'
21	IP END DT	Relative Value Procedure End Date	DE5159	Rate Type 'IP'
22	OP RV	Relative Value Procedure Amount	DE5157	Rate Type 'OP'
23	OP BEGIN DT	Relative Value Procedure Begin Date	DE5158	Rate Type 'OP'
24	OP END DT	Relative Value Procedure End Date	DE5159	Rate Type 'OP'
25	IP PC	Relative Value Procedure Amount	DE5157	Rate Type 'IPPC'
26	IP BEGIN DT	Relative Value Procedure Begin Date	DE5158	Rate Type 'IPPC'
27	IP END DT	Relative Value Procedure End Date	DE5159	Rate Type 'IPPC'
28	OP PC	Relative Value Procedure Amount	DE5157	Rate Type 'OPPC'
29	OP BEGIN DT	Relative Value Procedure Begin Date	DE5158	Rate Type 'OPPC'
30	OP END DT	Relative Value Procedure End Date	DE5159	Rate Type 'OPPC'

Output Reports RF-O-126-01 Medicare Rate Update Audit Trail - Physician Fee

General Information

Medicare Physician Fee Update Audit Trail report.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	N/A
Output Form:	Standard
Retention:	N/A
Distribution:	DMAS
Program:	Medicare Carrier Rates Batch Update (RFR050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Rate Update Audit Trail - Physician Fee (RF-O-126-01)

```
RFR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: 05/03/2002
RUN DATE: MM/DD/CCYY HH:MM                      MEDICARE RATE UPDATE AUDIT TRAIL
                                                          PHYSICIAN FEE
                                         MEDICARE CARRIER: XXXXX(1) XXXXXXXXXXXXXXXXX(2)
                                        BEGIN DATE: MM/DD/CCYY(3)  END DATE: MM/DD/CCYY(4)

PROCEDURE            RATE   FEE     NON              LOCALITY  BEG DATE  END DATE          MESSAGE
                     TYPE  MODIF  FACILITY  FACILITY
                                   AMT       AMT
XXXXX(5)
      XXXXXXXXXXXXX(6) XXXX(7)  XX(8)  XXXXXXXXX(9) XXXXXXXX(10)  XX(11)  MM/DD/CCYY(12) MM/DD/CCYY(13) XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                     CARRIER RECORDS READ     :  ZZZ,ZZ9(15)
                     CARRIER RECORDS REJECTED:  ZZZ,ZZ9(16)
                     MEDICARE RECORDS UPDATED:  ZZZ,ZZ9(17)
                     MEDICARE RECORDS ADDED  :  ZZZ,ZZ9(18)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Medicare Carrier	Medicare Carrier Code	DE5090	
2	Medicare Carrier Description	System Parameter Description	DE5382	
3	Begin Date	System Parameter Begin Date	DE5384	
4	End Date		DE0000	Null Value (12/31/9999)
5	Procedure	Procedure Code	DE5002	Input file field RF05-HCPCS-CODE is 5 characters.
6	Line Description		DE0000	Valid values: CARRIER DATA: OLD CURRENT: NEW CURRENT: NEW :
7	Rate Type	Fee Type	DE5021	
8	Fee Modifier	Professional Component/Technical Component Code	DE5152	
9	Non Facility Amt	Medicare Physician Non-Facility Amount	DE5190	
10	Facility Amt	Medicare Amount	DE5175	
11	Locality	Medicare Physician Fee Pricing Locality	DE5179	
12	Beg Date	Medicare Amount Begin Date	DE5176	
13	End Date	Medicare Amount End Date	DE5177	
14	Message		DE0000	Valid values: CARRIER CODE NOT VALID NEW BEGIN DATE < CURRENT BEGIN DATE PROCEDURE CODE NOT ON PROCEDURE TABLE
15	Carrier Records Read	Calculated	DE0002	
16	Carrier Records Rejected	Calculated	DE0002	
17	Medicare Records Updated	Calculated	DE0002	
18	Medicare Records Added	Calculated	DE0002	

Output Reports RF-O-127-01 Medicare Rate Update Audit Trail - DME/AMBULANCE

General Information

Medicare DME/AMBULANCE Update Audit Trail Report.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	N/A
Output Form:	Standard
Retention:	N/A
Distribution:	DMAS
Program:	Medicare Carrier Rates Batch Update (RFR050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Rate Update Audit Trail - DME/AMBULANCE (RF-O-127-01)

```
RFR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REE
AS OF: 05/03/2002
RUN DATE: MM/DD/CCYY HH:MM                      MEDICARE RATE UPDATE AUDIT TRAIL
                                                          XXXXXXXXX(1)
                                         MEDICARE CARRIER: XXXXX(1.1) XXXXXXXXXXXXXXXXX(2)
                                        BEGIN DATE: MM/DD/CCYY(3) END DATE: MM/DD/CCYY(4)

PROCEDURE            RATE   FEE     FEE       FEE       FEE   LOCALITY  BEGIN DATE  END DATE         MESSAGE
                     TYPE MODIFIER AMT-1     AMT-2     AMT-3
                                  (PURCH)    (USED)   (RENTAL)
XXXXX(5)                                        (10)                    (13)        (14)
      XXXXXXXXXXXXX(6)XXXX(7) XX(8) XXXXXXXX(9)XXXXXXXX XXXXXXXX(11) XX(12) MM/DD/CCYY MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXX

                    CARRIER RECORDS READ    :  ZZZ,ZZ9 (16)
                    CARRIER RECORDS REJECTED:  ZZZ,ZZ9 (17)
                    MEDICARE RECORDS UPDATED:  ZZZ,ZZ9 (18)
                    MEDICARE RECORDS ADDED  :  ZZZ,ZZ9 (19)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DME or AMBULANCE Header		DE0000	
1.1	Medicare Carrier	Medicare Carrier Code	DE5090	
2	Medicare Carrier Description	System Parameter Description	DE5382	
3	Begin Date	System Parameter Begin Date	DE5384	
4	End Date		DE0000	Null Value (12/31/9999)
5	Procedure	Procedure Code	DE5002	Input file field RF06-PROC-CODE is 5 characters.
6	Line Description		DE0000	Valid values: CARRIER DATA: OLD CURRENT: NEW CURRENT: NEW :
7	Rate Type	Fee Type	DE5021	
8	Fee Modifier	Fee Modifier	DE5023	
9	Fee Amt-1 (Purch)	Medicare DME New Purchase/Ambulance 75% Charge	DE5409	
10	Fee Amt-2 (Used)	Medicare DME Used Purchase/Ambulance 50% Charge	DE5410	
11	Fee Amt-3 (Rental)	Medicare DME Monthly Rental/Ambulance Infla-tion Indexed Charge	DE5411	
12	Locality	MMIS Locality Code based on Postal Code	DE5254	
13	Begin Date	Medicare Amount Begin Date	DE5176	
14	End Date	Medicare Amount End Date	DE5177	
15	Message		DE0000	Valid values: CARRIER CODE NOT VALID NEW BEGIN DATE < CURRENT BEGIN DATE PROCEDURE CODE NOT ON PROCEDURE TABLE
16	Carrier Records Read	Calculated	DE0002	
17	Carrier Records	Calculated	DE0002	

	Rejected			
18	Medicare Records Updated	Calculated	DE0002	
19	Medicare Records Added	Calculated	DE0002	

Output Reports RF-O-150 Capitation Rate Updates

General Information

This report lists all valid regional rates by aid category, gender and age group. These rates will populate the Capitation Rate Table once the rates are verified.

Subsystem:	Reference
Frequency:	Upon Request
Volume:	
Number of Copies:	N/A
Output Form:	DARS
Retention:	5 years
Distribution:	DMAS
Program:	Capitation Rate Batch Edit (RFR150)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Capitation Rate Updates (RF-O-150)

RFR150 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:02/02/2005 CAPITATION RATE UPDATES PA
RUN DATE: 02/02/2005 12:07 (1) MCO: ANTHEM OPTIONS/MEDALLION II EFFECTIVE DATE: 07/01/2005 (2)

AID CATEGORY (3)	AGE GROUP (5)(6)	NORTHERN VIRGINIA (8)	OTHER MSA	REGIONS (7) RICHMOND CHARLOTTESVILLE	RURA
AGED, BLIND, DISABLED	UNDER 1	$1,476.38	$2,092.39	$3,450.68	$2,2
	01-05	$912.22	$761.94	$701.44	$719
	06-14	$468.91	$289.24	$345.35	$389
(4)	FEMALE 15-20	$468.91	$289.24	$345.35	$389
	FEMALE 21-44	$823.90	$727.20	$821.71	$774
	MALE 15-20	$468.91	$289.24	$345.35	$389
	MALE 21-44	$638.66	$611.16	$734.10	$584
	45-999	$885.49	$971.43	$1,039.17	$911
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	UNDER 1	$428.65	$493.62	$492.47	$479
	01-05	$126.72	$116.25	$132.02	$122
	06-14	$96.98	$102.52	$102.34	$108
	FEMALE 15-20	$280.82	$342.28	$283.77	$321
	FEMALE 21-44	$551.63	$457.95	$439.40	$538
	MALE 15-20	$105.90	$108.48	$104.13	$115
	MALE 21-44	$312.04	$208.24	$305.49	$406
	45-999	$475.63	$569.14	$489.51	$555

Capitation Rate Updates (RF-O-150)

RFR150 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF:02/02/2005 CAPITATION RATE UPDATES PA
RUN DATE: 02/02/2005 12:07 MCO: CARENET OPTIONS/MEDALLION II EFFECTIVE DATE: 07/01/2005

AID CATEGORY	AGE GROUP	NORTHERN VIRGINIA	OTHER MSA	REGIONS RICHMOND CHARLOTTESVILLE	RURA
AGED, BLIND, DISABLED	UNDER 1	$1,473.49	$2,092.39	$3,282.70	$2,383
	01-05	$910.44	$761.94	$667.78	$774
	06-14	$468.00	$289.24	$329.17	$418
	FEMALE 15-20	$468.00	$289.24	$329.17	$418
	FEMALE 21-44	$822.28	$727.20	$781.71	$834
	MALE 15-20	$468.00	$289.24	$329.17	$418
	MALE 21-44	$637.40	$611.16	$698.36	$629
	45-999	$883.74	$971.43	$988.55	$982
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	UNDER 1	$410.61	$493.62	$465.72	$464
	01-05	$121.69	$116.25	$125.29	$118
	06-14	$93.26	$102.52	$97.54	$105
	FEMALE 15-20	$269.18	$342.28	$268.94	$311
	FEMALE 21-44	$527.93	$457.95	$415.35	$521
	MALE 15-20	$101.79	$108.48	$99.01	$112
	MALE 21-44	$298.66	$208.24	$288.78	$393
	45-999	$455.20	$569.14	$462.71	$537

TOTAL CAPITATION RECORDS READ: 91 (9)
VALID CAPITATION RECORDS: 90 (10)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RATE TYPE	Capitation Rate Type	DE5484	
2	BEGIN DATE (effective)	System Parameter Begin Date	DE5384	
3	DESCRIPTION (Aid Category)	Aid Category Code Description	DE3301	
4	SEX	Gender that Capitation Rate is for	DE5482	
5	BEGIN AGE	Beginning Age Range for Capitation	DE5480	
6	END AGE	Ending Age Range for Capitation	DE5481	
7	DESCRIPTION (Region Name)	Region Name	DE5250	
8	RATE	Capitation Rate for Age and Gender	DE5483	
9	TOTAL CAPITATION RECORDS READ	Calculated	DE0002	Add 1 to a counter for each record read.
10	VALID CAPITATION RECORDS	Calculated	DE0002	Add 1 to a counter for each valid record.

Output Reports RF-O-155 Capitation Rate File Error Report

General Information

This report lists all errors in the Capitation Rate Spreadsheet file.

Subsystem:	Reference
Frequency:	Upon Request
Volume:	
Number of Copies:	N/A
Output Form:	DARS
Retention:	5 years
Distribution:	DMAS
Program:	Capitation Rate Batch Edit (RFR150)
Confidential:	No
Sequence:	MCO
Control Breaks:	N/A

Capitation Rate File Error Report (RF-O-155)

```
RFR150                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES        RI
AS OF:01/14/2005                                   CAPITATION RATE FILE ERROR REPORT              PA
RUN DATE: 01/14/2005 20:29


  SEQ NO. (1)    FIELD NAME (2)          INVALID DATA (3)

  000008      INVALID COMBINATION     M/44/99
  000011      INVALID COMBINATION     F/45/99
  000012      AID CATEGORY GROUP      FMV
  000012      NOT IN RF VALUE SET     FMV
  000013      SEX
  000013      INVALID COMBINATION      /35/44
  000013      REGION 4 RATE           AAA
  000014      INVALID COMBINATION     M/00/15
  000016      MCO                     ANTX
  000016      AID CATEGORY GROUP      ABD
  000016      INVALID COMBINATION     B/01/01
  000016      NOT IN GL CODE VALUE    ANTX
  000016      REGION 2 RATE              N1902.17

               TOTAL CAPITATION RECORDS READ:     16

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SEQUENCE NUMBER	Calculated	DE0002	Record number in Input File.
2	DESCRIPTION	Calculated	DE0002	
3	INVALID DATA	Calculated	DE0002	

Output Reports RF-O-160 Capitation Rate File Update Report

General Information

This report indicates successful updates of the Capitation Rate Table. It lists the number of records processed and updates counts.

Subsystem:	Reference
Frequency:	Upon Request
Volume:	
Number of Copies:	N/A
Output Form:	DARS
Retention:	5 years
Distribution:	DMAS
Program:	Capitation Rate Batch Update (RFR160)
Confidential:	No
Sequence:	MCO
Control Breaks:	N/A

Capitation Rate File Update Report (RF-O-160)

```
RFR160                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:02/02/2005                    CAPITATION RATE FILE UPDATE REPORT                          PA
RUN DATE: 02/02/2005 18:20


 RECORDS PROCESSED:                          90  (1)

 RECORDS BYPASSED(SAME AS PRODUCTION):        0  (2)

 RECORDS UPDATED            :      90  (3)

 RECORDS INSERTED           :      90  (4)

 TABLE CHANGES: RF_CAPITATION  (5)

   ROWS UPDATED  :                       4,020  (6)

   ROWS INSERTED :                       4,020  (7)

 SUCCESSFUL COMPLETION (8)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS PROCESSED		DE0000	Add 1 to a counter for each record read.
2	RECORDS BYPASSED (SAME AS PRODUCTION)		DE0000	Add 1 to a counter for each record bypassed.
3	RECORDS UPDATED		DE0000	Add 1 to a counter for each record updated.
4	RECORDS INSERTED		DE0000	Add 1 to a counter for each record inserted.
5	TABLE CHANGES: RF_ CAPITATION		DE0000	Table changes: RF_CAPITATION.
6	ROWS UPDATED		DE0000	Add 1 to a counter for each record updated.
7	ROWS INSERTED		DE0000	Add 1 to a counter for each record inserted.
8	SUCCESSFUL COMPLETION MESSAGE		DE0000	Message.

Output Reports RF-O-170 HIPP Capitation Rate Updates

General Information

This report is generated by program RFR170. HIPP Rate file is edited in this program for field accuracy and the records passed through the edits are eligible for update and reported.

Subsystem:	Reference
Frequency:	On Request
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	HIPP Capitation Rate Batch Edit (RFR170)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Aid Category

HIPP Capitation Rate Updates (RF-O-170)

RFR170 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPO
AS OF:02/29/2008 HIPP CAPITATION RATE UPDATES PAGE
RUN DATE: 02/29/2008 16:29

AID CATEGORY [1]		AGE GROUP [3] [4]	NORTHERN VIRGINIA REGION 0010 [6]	OTHER MSA REGION 0011	RICHMOND/ [5] CHARLOTTESVILLE REGION 0012	RUR REGION 0
AGED, BLIND, DISABLED		UNDER 1	$2,144.10	$2,083.59	$2,083.59	$2,086.0
		01-05	$782.81	$732.90	$778.37	$660.7
	[2]	06-14	$619.72	$327.22	$346.35	$377.8
	FEMALE	15-20	$619.72	$327.22	$346.35	$377.8
	FEMALE	21-44	$890.55	$824.16	$916.49	$808.8
	MALE	15-20	$619.72	$327.22	$346.35	$377.8
	MALE	21-44	$688.33	$720.02	$743.03	$606.4
		45-999	$976.29	$951.48	$1,122.15	$1,031.1
TANF		UNDER 1	$329.17	$408.88	$500.70	$462.28
		01-05	$100.12	$97.71	$111.70	$104.26
		06-14	$74.77	$87.86	$83.25	$84.6
	FEMALE	15-20	$176.93	$270.41	$217.72	$247.7
	FEMALE	21-44	$420.67	$456.12	$412.65	$470.2
	MALE	15-20	$77.55	$96.33	$92.16	$99.2
	MALE	21-44	$264.83	$348.03	$284.46	$339.8
		45-999	$471.52	$598.64	$471.99	$570.4

CAPITATION RECORDS READ: 16 [7]
VALID CAPITATION RECORDS: 16 [8]
INVALID CAPITAION RECORDS: 0 [9]

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AID CATEGORY	Aid Category Code Description	DE3301	
2	(SEX)	Gender that Capitation Rate is for	DE5482	Gender that Capitation Rate is for
3	AGE GROUP (BEGIN AGE)	Beginning Age Range for Capitation	DE5480	Beginning age range for Capitation
4	AGE GROUP (END AGE)	Ending Age Range for Capitation	DE5481	Ending age range for Capitation
5	(REGION NAME)	Region Name	DE5250	
6	(CAPITATION RATE)	Capitation Rate for Age and Gender	DE5483	Capitation Rate for Age and Gender
7	CAPITATION RECORDS READ	Calculated	DE0002	CAPITATION RECORDS READ
8	VALID CAPITATION RECORDS	Calculated	DE0002	VALID CAPITATION RECORDS

9	INVALID CAPITATION RECORDS	Calculated	DE0002	INVALID CAPITATION RECORDS

Output Reports RF-O-171 CCC Capitation Rate Updates

General Information

This report is generated by program RFR175. CCC Rate file is edited in this program for field accuracy and the records passed through the edits are eligible for update and reported.

Subsystem:	Reference
Frequency:	On Request
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	CCC Capitation Rate Batch Edit (RFR175)
Confidential:	Yes
Sequence:	MCO RATE TYPE
Control Breaks:	MCO

CCC Capitation Rate Updates (RF-O-171)

RFR171 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RF-0-171
CCC CAPITATION RATE UPDATES PAGE NUMBER: 1
RUN DATE: 01/01/2014 16:29

(1) MCO	(2) RATE TYPE	(3) SEX	(4) AGE GROUP	(5) CENTRAL VA REGION 1	(6) NORTHERN VA REGION 2	(7) TIDEWATER VA REGION 3	(8) WESTERN VA REGION 4	(9) ROANOKE VA REGION 5	(10) WINCHESTER VA REGION 6	(11) LYNCHBURG DANVILLE VA REGION 7	(12) SOUTHWEST VA REGION 8
ANTH	NFU	B	21-64	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
ANTH	NFO	B	65-999	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
ANTH	CWU	B	21-64	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
ANTH	CWO	B	65-999	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
MAJE	NFU	B	21-64	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
MAJE	NFO	B	65-999	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
MAJE	CWU	B	21-64	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00
MAJE	CWO	B	65-999	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00	$99,999.00

CAPITATION RECORDS READ: 9999 (13)
VALID CAPITATION RECORDS: 9999 (14)
INVALID CAPITATION RECORDS: 9999 (15)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MCO	C_CAP_RATETYP_CVAL	DE5484	RF_CAPITATION
2	RATE TYPE			Determined based on Nursing Home or Communitity Wellness and age.
3	(SEX)	C_SEX_IND_CVAL	DE5482	Gender that Capitation Rate is for
4	AGE GROUP			Age range for Capitation
5	CENTRAL VA REGION 1 CAPITATION AMOUNT			Capitation rate for this region.
6	NORTHERN VA REGION 2 CAPITATION AMOUNT			Capitation rate for this region.
7	TIDEWATER REGION 3 CAPITATION AMOUNT			Capitation rate for this region.
8	WESTERN REGION 4 CAPITATION AMOUNT			Capitation rate for this region.

9	ROANOKE REGION 5 CAPITATION AMOUNT			Capitation rate for this region.
10	WINCHESTER REGION 6 CAPITATION AMOUNT			Capitation rate for this region.
11	LYNCHBURG / DANVILLE REGION 7 CAPITATION AMOUNT			Capitation rate for this region.
12	SOUTHWEST REGION 8 CAPITATION AMOUNT			Capitation rate for this region.
13	CAPITATION RECORDS READ	Calculated	DE0002	CAPITATION RECORDS READ
14	VALID CAPITATION RECORDS	Calculated	DE0002	VALID CAPITATION RECORDS
15	INVALID CAPITATION RECORDS	Calculated	DE0002	INVALID CAPITATION RECORDS

Output Reports RF-O-175 HIPP Capitation Rate File Error Report

General Information

This report lists all errors in the Capitation Rate Spreadsheet file.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	HIPP Capitation Rate Batch Edit (RFR170)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

HIPP Capitation Rate File Error Report (RF-O-175)

```
RFR170                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:02/29/2008                               HIPP CAPITATION RATE FILE ERROR REPORT                   PAGE
RUN DATE: 02/29/2008 16:29


                    INPUT RECORD [1]       DATA DESCRIPTION [2]          INVALID DATA [3]
                    ------------           ----------------              ------------
                    00002                  GENDER/AGE RANGE              X0614
                    HIPP,HP1,X,6,14,$90,610.56,$90,332.84,$90,356.35,$90,385.19,$90,376.18


                    TOTAL CAPITATION RECORDS READ:        16  [4]
                    TOTAL CAPITATION RECORDS IN ERROR:    1   [5]


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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	INPUT RECORD	Calculated	DE0002	SEQUENCE NUMBER OF INPUT RECORD
2	DATA DESCRIPTION	Calculated	DE0002	DATA DESCRIPTION
3	INVALID DATA	Calculated	DE0002	INVALID DATA
4	TOTAL CAPITATION RECORDS READ	Calculated	DE0002	TOTAL CAPITATION RECORDS READ
5	TOTAL CAPITATION RECORDS IN ERROR	Calculated	DE0002	TOTAL CAPITATION RECORDS IN ERROR

Output Reports RF-O-176 CCC Capitation Rate File Error Report

General Information

This report lists all errors in the Capitation Rate Spreadsheet file.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	CCC Capitation Rate Batch Edit (RFR175)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

CCC Capitation Rate File Error Report (RF-O-176)

```
RFR176                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: RF-0-176
                                CCC CAPITATION RATE FILE ERROR REPORT                       PAGE NUMBER:      1
RUN DATE: 01/01/2014 16:29


      (1)                (2)                                  (3)
  INPUT RECORD       DATA DESCRIPTION                     INVALID DATA
  ------------       ----------------                     ------------
  00002              GENDER/AGE RANGE                     B614
  ANTH,NFC,B,6,64,"$3,500.00 ","$3,510.00 ","$3,520.00 ","$3,530.00 ","$3,540.00 ","$3,540.00 ",$0.00,$0.00,$0.00


          TOTAL CAPITATION RECORDS READ:          9999      (4)
          TOTAL CAPITATION RECORDS IN ERROR:      9999      (5)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	INPUT RECORD	Calculated	DE0002	SEQUENCE NUMBER OF

				INPUT RECORD
2	DATA DESCRIPTION	Calculated	DE0002	DATA DESCRIPTION
3	INVALID DATA	Calculated	DE0002	INVALID DATA
4	TOTAL CAPITATION RECORDS READ	Calculated	DE0002	TOTAL CAPITATION RECORDS READ
5	TOTAL CAPITATION RECORDS IN ERROR	Calculated	DE0002	TOTAL CAPITATION RECORDS IN ERROR

Output Reports RF-O-180 HIPP Capitation Rate File Update Report

General Information

This report indicates successful updates of the Capitation Rate Table. It lists the number of records processed and the updated counts.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	HIPP Capitation Rate Batch Update (RFR180)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HIPP Capitation Rate File Update Report (RF-O-180)

```
RFR180                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:02/29/2008                               HIPP CAPITATION RATE FILE UPDATE REPORT                  PAG
RUN DATE: 02/29/2008 05:02


RECORDS PROCESSED:                          80 [1]

RECORDS BYPASSED(SAME AS PRODUCTION:         0 [2]

RECORDS UPDATED             :       80 [3]

RECORDS INSERTED            :       80 [4]

TABLE CHANGES: RF_CAPITATION [5]

  ROWS UPDATED  :                       4,640 [6]

  ROWS INSERTED :                       4,800 [7]

SUCCESSFUL COMPLETION [8]

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS PROCESSED	Calculated	DE0002	Add 1 to a counter for each record read.
2	RECORDS BYPASSED (Same as production)	Calculated	DE0002	Add 1 to a counter of each record bypassed.
3	RECORDS UPDATED	Calculated	DE0002	Add 1 to a counter for each record updated.
4	RECORDS INSERTED	Calculated	DE0002	Add 1 to a counter for each record inserted
5	TABLE CHANGES: RF_CAPITATION	Calculated	DE0002	Table changes: RF_CAPITATION.
6	ROWS UPDATED	Calculated	DE0002	Add 1 to a counter for each record updated
7	ROWS INSERTED	Calculated	DE0002	Add 1 to a counter for each record inserted
8	SUCCESSFUL COMPLETION	Calculated	DE0002	Message

Output Reports RF-O-185 CCC Capitation Rate File Update Report

General Information

This report indicates successful updates of the CCC Capitation Rate Table. It lists the number of records processed and the updated counts.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	CCC Capitation Rate Batch Update (RFR185)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CCC Capitation Rate File Update Report (RF-O-185)

```
RFR185                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO: RF-O-185
                               CCC CAPITATION RATE FILE UPDATE REPORT                 PAGE NUMBER:      1
RUN DATE: 01/01/2014 16:29


          INPUT FILE (DMAS COMMA DELIMITED FILE)
                    RECORDS PROCESSED:                                  9999   (1)
                    RECORDS BYPASSED (SAME AS PRODUCTION):              9999   (2)
                    RECORDS UPDATES:                                    9999   (3)
                    RECORDS INSERTED:                                   9999   (4)

          TABLE CHANGES: RF_CAPITATION
                    ROWS UPDATED:                                       99999   (5)
                    ROWS INSERTED:                                      99999   (6)

          SUCCESSFUL COMPLETION

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS PROCESSED	Calculated	DE0002	Add 1 to a counter for each record read.
2	RECORDS BYPASSED (Same as production)	Calculated	DE0002	Add 1 to a counter of each record bypassed.
3	RECORDS UPDATED	Calculated	DE0002	Add 1 to a counter for each record updated.
4	RECORDS INSERTED	Calculated	DE0002	Add 1 to a counter for each record inserted
5	ROWS UPDATED	Calculated	DE0002	Add 1 to a counter for each record updated
6	ROWS INSERTED	Calculated	DE0002	Add 1 to a counter for each record inserted

Output Reports RF-O-200-01 TP Log Unidentified Records

General Information

Lists records that have been written to the TP Log file and cannot be identified as belonging to any Sub-System.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	N/A
Confidential:	No
Sequence:	Log Date Log Time Log Program ID Terminal ID
Control Breaks:	N/A

TP Log Unidentified Records (RF-O-200-01)

```
RFR200                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/CCYY                                                                                              PAG
RUN DATE: MM/DD/CCYY  HH:MM                        UNIDENTIFIED LOGGED RECORDS

        (1)       (2)        (3)          (4)          (5)        (6)        (7)
     LOG DATE  LOG TIME  PROGRAM ID  TERMINAL ID  TRANS CODE  SUB SYS  TABLE/FILE ID

    XXXXXXXX  XXXXXX   XXXXXXXX      XXXX         XXXX        XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        (9)
RECORD DATA: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                   TOTAL UNIDENTIFIED RECORDS:      ZZ,ZZZ,ZZ9 (10)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOG DATE	Log Date	DE5704	
2	LOG TIME	Log Time	DE5705	
3	PROGRAM ID	Log Program ID	DE5710	
4	TERMINAL ID	Log Terminal Iden-tification	DE5707	
5	TRANS CODE	Log Transaction Code	DE5699	
6	SUB SYS	Log Transaction Strip Code	DE5701	
7	TABLE/FILE ID	Log Table-File ID	DE5711	
8	ACTION TYPE	Log Action Type	DE5702	
9	RECORD DATA	Log Record Data	DE5708	

Output Reports RF-O-200-02 TP Log Split Control Totals by Subsystem

General Information

Prints totals by Subsystem of ADDs, CHANGEs, and DELETEs logged to the TP Log File (RF-F-100).

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	To be determined
Output Form:	Standard
Retention:	30 days
Distribution:	To be determined
Program:	N/A
Confidential:	No
Sequence:	Sub-System
Control Breaks:	Sub-System

TP Log Split Control Totals by Subsystem (RF-O-200-02)

RFR200 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REF
AS OF MM/DD/CCYY PAG
RUN DATE: MM/DD/CCYY HH:MM LOG SPLIT CONTROL TOTALS BY SUBSYSTEM

(1)

SUBSYSTEM: XX (XXXXXXXXXXXXXXXXXXXX)

TOTAL ADDS:	ZZ,ZZZ,ZZ9	(2)
TOTAL DELETES:	ZZ,ZZZ,ZZ9	(3)
TOTAL CHANGES (BEFORE):	ZZ,ZZZ,ZZ9	(4)
TOTAL CHANGES (AFTER):	ZZ,ZZZ,ZZ9	(5)
TOTAL	ZZ,ZZZ,ZZ9	(6)

GRAND TOTAL: ZZ,ZZZ,ZZ9 (7)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SUBSYSTEM	Log Transaction Strip Code	DE5701	
2	TOTAL ADDS	Calculated	DE0002	
3	TOTAL DELETES	Calculated	DE0002	
4	TOTAL CHANGES (BEFORE)	Calculated	DE0002	
5	TOTAL CHANGES (AFTER)	Calculated	DE0002	
6	TOTAL	Calculated	DE0002	
7	GRAND TOTAL	Calculated	DE0002	

Output Reports RF-O-206 RUG Listing

General Information

This report all RUG current and historical data.

Subsystem:	Reference
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS – Reference
Program:	Resource Utilization Group (RUG) Listing (RFR113)
Confidential:	No
Sequence:	C_RUG_INS_IND (Asc), C_RUG (Asc), D_RUG_Begin (Desc)
Control Breaks:	N/A

RUG Audit Trail (RF-O-206)

RFR206 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RF-O-206
AS OF:08/12/2014 RUG LISTING PAGE NUMBER: 1
RUN DATE: 08/12/2014 10:37

RUG TYPE	RUG	BEGIN DATE	END DATE	RUG DESCRIPTION	RUG WEIGHT	LAST UPDATE
D	BA1	05/01/2014		Behavior Problem / ADL 4-5	000.6000	08/07/2014
D	BA1	03/01/2014	04/30/2014	Behavior Problem / ADL 4-5	000.6000	08/07/2014
D	BA2	05/01/2014		Behavior Problem with Nursing Rehab / ADL 4-5	000.7100	08/07/2014
D	BA2	03/01/2014	04/30/2014	Behavior Problem with Nursing Rehab / ADL 4-5	000.7100	08/07/2014
D	BB1	05/01/2014		Behavior Problem / ADL 6-10	000.8200	08/07/2014
D	BB1	03/01/2014	04/30/2014	Behavior Problem / ADL 6-10	000.8200	08/07/2014
D	BB2	05/01/2014		Behavior Problem with Nursing Rehab / ADL 6-10	000.8600	08/07/2014
D	BB2	03/01/2014	04/30/2014	Behavior Problem with Nursing Rehab / ADL 6-10	000.8600	08/07/2014
D	BC1	05/01/2014		Default Group	000.5900	08/07/2014
D	BC1	03/01/2014	04/30/2014	Default Group	000.5900	08/07/2014
D	CA1	05/01/2014		Clinically Complex / ADL 4-11	000.9500	08/07/2014
D	CA1	03/01/2014	04/30/2014	Clinically Complex / ADL 4-11	000.9500	08/07/2014
D	CA2	05/01/2014		Clinically Complex with Depression / ADL 4-11	001.0600	08/07/2014
D	CA2	03/01/2014	04/30/2014	Clinically Complex with Depression / ADL 4-11	001.0600	08/07/2014
D	CB1	05/01/2014		Clinically Complex / ADL 12-16	001.0700	08/07/2014
D	CB1	03/01/2014	04/30/2014	Clinically Complex / ADL 12-16	001.0700	08/07/2014
D	CB2	05/01/2014		Clinically Complex with Depression / ADL 12-16	001.1500	08/07/2014
D	CB2	03/01/2014	04/30/2014	Clinically Complex with Depression / ADL 12-16	001.1500	08/07/2014
D	CC1	05/01/2014		Clinically Complex / ADL 17-18	001.2500	08/07/2014
D	CC1	03/01/2014	04/30/2014	Clinically Complex / ADL 17-18	001.2500	08/07/2014
D	CC2	05/01/2014		Clinically Complex with Depression / ADL 17-18	001.4200	08/07/2014
D	CC2	03/01/2014	04/30/2014	Clinically Complex with Depression / ADL 17-18	001.4200	08/07/2014
D	IA1	05/01/2014		Cognitive Impairment / ADL 4-5	000.6700	08/07/2014
D	IA1	03/01/2014	04/30/2014	Cognitive Impairment / ADL 4-5	000.6700	08/07/2014
D	IA2	05/01/2014		Cognitive Impairment with Nursing Rehab / ADL 4-5	000.7200	08/07/2014
D	IA2	03/01/2014	04/30/2014	Cognitive Impairment with Nursing Rehab / ADL 4-5	000.7200	08/07/2014
D	IB1	05/01/2014		Cognitive Impairment / ADL 6-10	000.8500	08/07/2014
D	IB1	03/01/2014	04/30/2014	Cognitive Impairment / ADL 6-10	000.8500	08/07/2014
D	IB2	05/01/2014		Cognitive Impairment with Nursing Rehab / ADL 6-10	000.8800	08/07/2014
D	IB2	03/01/2014	04/30/2014	Cognitive Impairment with Nursing Rehab / ADL 6-10	000.8800	08/07/2014
D	PA1	05/01/2014		Physical Function / ADL 4-5	000.5900	08/07/2014
D	PA1	03/01/2014	04/30/2014	Physical Function / ADL 4-5	000.5900	08/07/2014
D	PA2	05/01/2014		Physical Function with Nursing Rehab / ADL 4-5	000.6200	08/07/2014
D	PA2	03/01/2014	04/30/2014	Physical Function with Nursing Rehab / ADL 4-5	000.6200	08/07/2014
D	PB1	05/01/2014		Physical Function / ADL 6-8	000.6300	08/07/2014
D	PB1	03/01/2014	04/30/2014	Physical Function / ADL 6-8	000.6300	08/07/2014
D	PB2	05/01/2014		Physical Function with Nursing Rehab / ADL 6-8	000.6500	08/07/2014
D	PB2	03/01/2014	04/30/2014	Physical Function with Nursing Rehab / ADL 6-8	000.6500	08/07/2014
D	PC1	05/01/2014		Physical Function / ADL 9-10	000.8100	08/07/2014
D	PC1	03/01/2014	04/30/2014	Physical Function / ADL 9-10	000.8100	08/07/2014
D	PC2	05/01/2014		Physical Function with Nursing Rehab / ADL 9-10	000.8300	08/07/2014
D	PC2	03/01/2014	04/30/2014	Physical Function with Nursing Rehab / ADL 9-10	000.8300	08/07/2014
D	PD1	05/01/2014		Physical Function / ADL 11-15	000.8900	08/07/2014
D	PD1	03/01/2014	04/30/2014	Physical Function / ADL 11-15	000.8900	08/07/2014
D	PD2	05/01/2014		Physical Function with Nursing Rehab / ADL 11-15	000.9100	08/07/2014
D	PD2	03/01/2014	04/30/2014	Physical Function with Nursing Rehab / ADL 11-15	000.9100	08/07/2014
D	PE1	05/01/2014		Physical Function / ADL 16-18	000.9700	08/07/2014
D	PE1	03/01/2014	04/30/2014	Physical Function / ADL 16-18	000.9700	08/07/2014

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RUG TYPE	C_RUG_INS_IND	DE5024	
2	RUG CODE	C_RUG	DE5025	
3	Begin Date	D_RUG_BEGIN	DE5027	
4	End Date	D_RUG_END	DE5028	
5	Rug Description	T_RUG_DESC	DE5029	
6	Rug Weight	N_RUG_WGT	DE5030	

7	Last Update Date	H_REC_UPDT	DE0011	Date portion only

Output Reports RF-O-310 Drug Prices > $9999.99999 Listing

General Information

This report lists all drug unit prices from the RF_NDC_PRICE (Reference Drug Pricing) table where the drug unit price amount is greater than $9999.99999. The report is ordered by NDC (internal ordering in the program) and the drug pricing type (explicit order based on the index of the table).

Subsystem:	Reference
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS
Program:	Drug Price > $9999.99999 Listing (RFR00310)
Confidential:	No
Sequence:	National Drug Code (NDC)
Control Breaks:	N/A

NDC Drug Prices > $9999.99999 Listing (RF-O-310)

RFR310 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RF-C-310
AS OF:12/12/2014 NDC DRUG PRICES > $9999.99999 PAGE NUMBER: 1
RUN DATE: 12/12/2014 23:45

NDC	DRUG NAME	DRUG PRICE	EFFECTIVE DATE	TYPE
00078058261	ILARIS 180 MG/1.2VIAL	$16,742.16269	11/06/2012	REF
00078058261	ILARIS 180 MG/1.2VIAL	$16,055.01000	11/06/2012	WAC
00078058261	ILARIS 180 MG/1.2VIAL	$19,266.01000	11/06/2012	AWP
00085131202	SYLATRON 4-PACK 888 MCG KIT	$15,783.01000	03/14/2013	AWP
00085131202	SYLATRON 4-PACK 888 MCG KIT	$13,715.43569	03/14/2013	REF
00085131202	SYLATRON 4-PACK 888 MCG KIT	$13,152.51000	03/14/2013	DUP
00085131202	SYLATRON 4-PACK 888 MCG KIT	$13,152.51000	03/14/2013	WAC
00187000714	VIRAZOLE 6G VIAL-NEB	$11,317.21076	11/21/2014	REF
00187000714	VIRAZOLE 6G VIAL-NEB	$123,456,789.12345	11/30/2014	MAC
00187000714	VIRAZOLE 6G VIAL-NEB	$10,852.71500	11/21/2014	WAC
00187000714	VIRAZOLE 6G VIAL-NEB	$13,023.25750	11/21/2014	AWP
00187000714	VIRAZOLE 6G VIAL-NEB	$10,297.73690	07/16/2014	REF
00187000714	VIRAZOLE 6G VIAL-NEB	$11,850.10000	07/16/2014	AWP

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NDC	Drug Code (NDC)	DE5200	
2	DRUG NAME	Drug Brand Name	DE5208	
3	DRUG PRICE	Drug Price Amount	DE5220	

4	EFFECTIVE DATE	Drug Price Effective Date	DE5222	
5	TYPE	Drug Price Type	DE5205	

Output Reports RF-O-500 HIPAA X.12 Maintenance Table Listing

General Information

On-Request report detailing contents of RF_HIPAA_X12_UPDT Table.

Subsystem:	Reference
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	Standard
Retention:	18 months
Distribution:	DARS
Program:	Report of HIPAA Standards Code Sets Maintenance from RF_HIPAA_ X12_UPDT table (RFR500)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HIPAA X.12 Maintenance Table Listing (RF-O-500)

```
1RFR500                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
 AS OF:MM/DD/CCYY                              HIPAA X.12 MAINTENANCE TABLE LISTING                          PAGE
 RUN DATE: MM/DD/CCYY HH:MM

        TYP                                 CUR  CUR                        CURR  CURR     NEW  NEW
  ESC   CLM                                ADJ  ADJ     CURR      CURR    PEND  DENY     ADJ  ADJ     NEW       N
  CODE  IND BEGIN DATE   END DATE   SEQ.   GRP  RSN    STATUS     RESP    XREF  XREF     GRP  RSN    STATUS     R
  (1)   (2) (3)          (4)        (5)   (6)  (7)      (8)       (9)    (10)   (11)    (12) (13)    (14)      (
  9999  XX  MM/DD/CCYY  MM/DD/CCYYY 999    XX  XX        XX     XXXX       999   999     XX  XX        XX
  LAST UPDT RESULT:  X    OVERRIDE IND:  X                 LAST CHGD BY USERID:  XXXXXXXX    DATE/TIME:  CCYY-MM-D
  (18)                     (19)                            (20)                                            (21)
                                      *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	ESC CODE	Claim Error ESC Code	DE5506	
2	TYP CLM IND	Claim Type Process Indicator	DE5988	
3	BEGIN DATE	Error Text Disposition Location Effective Date	DE5602	
4	END DATE	Disposition Location End Date	DE5682	
5	SEQ		DE0000	
6	CUR ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	
7	CUR ADJ RSN	HIPAA Adjustment Reason Code	DE5580	
8	CURR STATUS	Claim Response Code	DE5540	
9	CURR RESP	Claim Response Code	DE5540	
10	CURR PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	
11	CURR DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	
12	NEW ADJ GRP	HIPAA Adjustment Reason Group Code	DE5535	
13	NEW ADJ RSN	HIPAA Adjustment Reason Code	DE5580	
14	NEW STATUS	Claim Response Code	DE5540	
15	NEW RESP	Claim Response Code	DE5540	
16	NEW PEND XREF	Adjustment Reason/Response Cross Reference	DE5560	
17	NEW DENY XREF	Adjustment Reason/Response Cross Reference	DE5560	
18	LAST UPDATE RESULT:	HIPAA Standard Code Sets Update Last Update Results	DE5986	
19	OVERRIDE IND:	HIPAA Standard Code Sets Update Current Process Indicator	DE5987	
20	LAST CHGD BY USERID:	User/Operator ID	DE0012	
21	DATE/TIME:	Row Update Date	DE0011	

Output Reports RF-O-800 IRP Reference Procedure Control Report

General Information

This report is produced by the monthly IRP extract program, RFR800, which extracts procedure code data from the procedure reference tables and creates the IRP files for loading to the IRP. The report gives the total number of procedure data extracted from each of the procedure tables and the total number written to the files.

Subsystem:	Reference
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	IRP REFERENCE PROCEDURE EXTRACT (RFR800)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

IRP REFERENCE PROCEDURE CONTROL REPORT (RF-O-800)

```
RFR800     99/99/9999 99:99:99    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES    REPO
AS OF:99/99/9999                   PROCEDURE CODE EXTRACT CONTROL TOTALS(REFERENCE)
RUN DATE: 99/99/9999 99:99

                                 (1)                    PROCEDURE-CSR FETCH CNT:
                                 (2)                    PROC-FLAG-CSR FETCH CNT:
                                 (3)                     PROC-LAB-CSR FETCH CNT:
                                 (4)                    PROC-XREF-CSR FETCH CNT:
                                 (5)                      PROC-RV-CSR FETCH CNT:
                                 (6)                   TRANS-RATE-CSR FETCH CNT:
                                 (7)                   ANES-MBASE-CSR FETCH CNT:
                                 (8)                     TPL-CODE-CSR FETCH CNT:
                                 (9)                   PROC-RATES-CSR FETCH CNT:
                                 (10)               PROC-PA-TYPE-CSR FETCH CNT:
                                 (11)               RFF800(PROCBASE) WRITE CNT:
                                 (12)                RFF801(PROCGEO) WRITE CNT:
                                 (13)                RFF802(PROCMSA) WRITE CNT:
                                 (14)               RFF804(PROCPROV) WRITE CNT:
                                 (15)               RFF805(PTYPNAME) WRITE CNT:

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Count of procedures selected	Calculated	DE0002	Calculated
2	Count of procedure flags selected	Calculated	DE0002	Calculated
3	Count of procedure lab categories selected	Calculated	DE0002	Calculated
4	Count of procedure xref codes selected	Calculated	DE0002	Calculated
5	Count of relative values selected	Calculated	DE0002	Calculated
6	Count of transportation rates selected	Calculated	DE0002	Calculated
7	Count of anesthesia base units selected	Calculated	DE0002	
8	Count of TPL	Calculated	DE0002	

	codes selected			
9	Count of procedure rates selected	Calculated	DE0002	
10	Count of procedure PA types selected	Calculated	DE0002	
11	Count of procedure data written to RF-F-800	Calculated	DE0002	
12	Count of procedure data written to RF-F-801	Calculated	DE0002	
13	Count of procedure data written to RF-F-802	Calculated	DE0002	
14	Count of procedure data written to RF-F-804	Calculated	DE0002	
15	Count of procedure data written to RF-F-805	Calculated	DE0002	

Output Reports RF-O-810 IRP Reference NDC Control Report

General Information

This report is produced by the monthly IRP extract program, RFR810, which extracts NDC data from the reference tables and creates the IRP file for loading to the IRP. The report gives the total number of NDC data extracted from each of the reference tables and the total number written to the file.

Subsystem:	Reference
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	IRP REFERENCE NDC EXTRACT (RFR810)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

IRP REFERENCE NDC CONTROL REPORT (RF-O-810)

```
RFR810     99/99/9999 99:99:99 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES    REPO
AS OF:99/99/9999                 NDC CODE EXTRACT CONTROL TOTALS(REFERENCE)
RUN DATE: 99/99/9999 99:99
                              (1)                              RF-NDC-CSR FETCH CNT:
                              (2)                        VMRF30-UNLD-FILE FETCH CNT:
                              (3)                          RF-HCFA SELECT CNT:
                              (4)                          RF-HCFA NOTFND CNT:
                              (5)                           RF-GCN SELECT CNT:
                              (6)                           RF-GCN NOTFND CNT:
                              (7)                         RF-NDC-VA SELECT CNT:
                              (8)                         RF-NDC-VA NOTFND CNT:
                              (9)                        RF-LABELER SELECT CNT:
                              (10)                       RF-LABELER NOTFND CNT:
                              (11)                       RF-HICL-CSR-FETCH-CNT:
                              (12)                     RF-HICL-DATA-NOT-FOUND:
                              (13)                  RFF803(NDCCODE) WRITE CNT:

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Count of NDCs selected	Calculated	DE0002	
2	Count of NDCs not selected	Calculated	DE0002	
3	Count of drug HCFA data selected	Calculated	DE0002	
4	Count of drug HCFA data not selected	Calculated	DE0002	
5	Count of drug generic codes selected	Calculated	DE0002	
6	Count of drug generic codes not selected	Calculated	DE0002	
7	Count of Va specific NDC info selected	Calculated	DE0002	
8	Count of Va specific NDC info not selected	Calculated	DE0002	
9	Count of drug manufacturer name/re-	Calculated	DE0002	

	bate code selected			
10	Count of drug manufacturer name/rebate code not selected	Calculated	DE0002	
11	Count of HICL information selected	Calculated	DE0002	
12	Count of HICL information not selected	Calculated	DE0002	
13	Count of NDC data written to RF-F-803	Calculated	DE0002	

Output Reports RF-O-820 IRP Reference Diagnosis Control Report

General Information

This report is produced by the monthly IRP extract program, RFR820, which extracts diagnoses from the diagnosis reference table and creates the IRP file for loading to the IRP. The report gives the total number of diagnoses extracted from the table and the total number written to the file.

Subsystem:	Reference
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	IRP REFERENCE DIAGNOSIS EXTRACT (RFR820)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

IRP REFERENCE DIAGNOSIS CONTROL REPORT (RF-O-820)

```
RFR820      99/99/9999 99:99:99    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES      REPOR
AS OF:99/99/9999                       DIAGNOSIS EXTRACT CONTROL TOTALS(REFERENCE)          PAGE
                    RUN DATE: 99/99/9999 99:99

                                  (1)                    RF-DIAGNOSIS-CSR FETCH CNT:
                                  (2)                  OF THESE, HISTORY BYPASS CNT:
                                  (3)                        RFF806(DIAG) WRITE CNT:

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	Count of diagnoses selected	Calculated	DE0002	
2	Count of diagnoses history bypassed	Calculated	DE0002	
3	Count of diagnoses written to RF-F-806	Calculated	DE0002	

Output Reports RF-O-868 Outpatient EAPG Monthly Savings Summary Report

General Information

This report prints a summary listing of Outpatient EAPG claims activity for current processing month.

Subsystem:	Claims
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	VAMMIS
Program:	Outpatient EAPG Monthly Savings Report (CPR868)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

OUTPATIENT EAPG MONTHLY SAVINGS REPORT (CP-O-868)

```
CPR868                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    CP-O
AS OF: 99/99/9999                                                                                       PAGE NUMBER:
RUN DATE: 99/99/9999 99:99                     MONTHLY EAPG NCCI AND NON-NCCI SAVINGS

                        # CLAIMS        DOLLARS                            # CLAIMS          DOLLARS

 REASON 0329 FOR 03:    99999999      +999999999.99    REASON 0329 FOR 09:  99999999      +999999999.99
 REASON 0331 FOR 03:    99999999      +999999999.99    REASON 0331 FOR 09:  99999999      +999999999.99
 REASON 0332 FOR 03:    99999999      +999999999.99    REASON 0332 FOR 09:  99999999      +999999999.99
 REASON 0333 FOR 03:    99999999      +999999999.99    REASON 0333 FOR 09:  99999999      +999999999.99
 REASON 0334 FOR 03:    99999999      +999999999.99    REASON 0334 FOR 09:  99999999      +999999999.99
 REASON 0335 FOR 03:    99999999      +999999999.99    REASON 0335 FOR 09:  99999999      +999999999.99
 REASON 0336 FOR 03:    99999999      +999999999.99    REASON 0336 FOR 09:  99999999      +999999999.99
 REASON 1090 FOR 03:    99999999      +999999999.99    REASON 1090 FOR 09:  99999999      +999999999.99
 REASON 1091 FOR 03:    99999999      +999999999.99    REASON 1091 FOR 09:  99999999      +999999999.99
 REASON 1096 FOR 03:    99999999      +999999999.99    REASON 1096 FOR 09:  99999999      +999999999.99
 REASON 1097 FOR 03:    99999999      +999999999.99    REASON 1097 FOR 09:  99999999      +999999999.99
 REASON 1267 FOR 03:    99999999      +999999999.99    REASON 1267 FOR 09:  99999999      +999999999.99
 REASON 1268 FOR 03:    99999999      +999999999.99    REASON 1268 FOR 09:  99999999      +999999999.99
 REASON 1269 FOR 03:    99999999      +999999999.99    REASON 1269 FOR 09:  99999999      +999999999.99
 REASON 1315 FOR 03:    99999999      +999999999.99    REASON 1315 FOR 09:  99999999      +999999999.99
 REASON 1334 FOR 03:    99999999      +999999999.99    REASON 1334 FOR 09:  99999999      +999999999.99
 REASON 1451 FOR 03:    99999999      +999999999.99    REASON 1451 FOR 09:  99999999      +999999999.99
 REASON 1452 FOR 03:    99999999      +999999999.99    REASON 1452 FOR 09:  99999999      +999999999.99
 REASON 1469 FOR 03:    99999999      +999999999.99    REASON 1469 FOR 09:  99999999      +999999999.99
                    NON-NCCI TOTAL MONTHLY SAVINGS AMOUNT:                 $+999,999,999.99

 REASON 1596 FOR 03:    99999999      +999999999.99    REASON 1596 FOR 09:  99999999      +999999999.99
 REASON 1597 FOR 03:    99999999      +999999999.99    REASON 1597 FOR 09:  99999999      +999999999.99
                    NCCI TOTAL MONTHLY SAVINGS AMOUNT:                     $+999,999,999.99

                    GRAND TOTAL MONTHLY SAVINGS AMOUNT:                    $+999,999,999.99


SUMMARY TOTALS FOR CMS MONTHLY REPORTING:

PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
PTP SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
PTP SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99

MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
MUE SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
01	# CLAIMS	Calculated	DE0002	Number of claims for each reason code for the day.
02	DOLLARS	Calculated	DE0002	Total savings dollar amount for each reason code for the day. This will include savings for voided, denied, reduced paid and fully paid claims.
03	NON-NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NON-NCCI claims for the day.
04	NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NCCI claims for the day.
05	GRAND TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of NON-NCCI and NCCI Savings for the day.
06	PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI PTP denial.
07	PTP SAVINGS-OUTPATIENT HOSPITAL	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI PTP denial.

	SERVICES			
08	PTP SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI PTP denial.
09	MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI MUE denial.
10	MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI MUE denial.
11	MUE SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI MUE denial.

Output Reports RF-O-869 Outpatient EAPG Quarterly Savings Summary Report

General Information

This report prints a summary listing of Outpatient EAPG claims activity for current processing quarter.

Subsystem:	Claims
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	VAMMIS
Program:	Outpatient EAPG Quarterly Savings Report (CPR869)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

OUTPATIENT EAPG QUARTERLY SAVINGS REPORT (CP-O-869)

```
CPR869                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    CP-O-869
AS OF: 99/99/9999                                                                                           PAGE NUMBER:          9
RUN DATE: 99/99/9999 99:99                      QUARTERLY EAPG NCCI AND NON-NCCI SAVINGS

                        # CLAIMS        DOLLARS                            # CLAIMS          DOLLARS

 REASON 0329 FOR 03:    99999999      +999999999.99    REASON 0329 FOR 09:  99999999      +999999999.99
 REASON 0331 FOR 03:    99999999      +999999999.99    REASON 0331 FOR 09:  99999999      +999999999.99
 REASON 0332 FOR 03:    99999999      +999999999.99    REASON 0332 FOR 09:  99999999      +999999999.99
 REASON 0333 FOR 03:    99999999      +999999999.99    REASON 0333 FOR 09:  99999999      +999999999.99
 REASON 0334 FOR 03:    99999999      +999999999.99    REASON 0334 FOR 09:  99999999      +999999999.99
 REASON 0335 FOR 03:    99999999      +999999999.99    REASON 0335 FOR 09:  99999999      +999999999.99
 REASON 0336 FOR 03:    99999999      +999999999.99    REASON 0336 FOR 09:  99999999      +999999999.99
 REASON 1090 FOR 03:    99999999      +999999999.99    REASON 1090 FOR 09:  99999999      +999999999.99
 REASON 1091 FOR 03:    99999999      +999999999.99    REASON 1091 FOR 09:  99999999      +999999999.99
 REASON 1096 FOR 03:    99999999      +999999999.99    REASON 1096 FOR 09:  99999999      +999999999.99
 REASON 1097 FOR 03:    99999999      +999999999.99    REASON 1097 FOR 09:  99999999      +999999999.99
 REASON 1267 FOR 03:    99999999      +999999999.99    REASON 1267 FOR 09:  99999999      +999999999.99
 REASON 1268 FOR 03:    99999999      +999999999.99    REASON 1268 FOR 09:  99999999      +999999999.99
 REASON 1269 FOR 03:    99999999      +999999999.99    REASON 1269 FOR 09:  99999999      +999999999.99
 REASON 1315 FOR 03:    99999999      +999999999.99    REASON 1315 FOR 09:  99999999      +999999999.99
 REASON 1334 FOR 03:    99999999      +999999999.99    REASON 1334 FOR 09:  99999999      +999999999.99
 REASON 1451 FOR 03:    99999999      +999999999.99    REASON 1451 FOR 09:  99999999      +999999999.99
 REASON 1452 FOR 03:    99999999      +999999999.99    REASON 1452 FOR 09:  99999999      +999999999.99
 REASON 1469 FOR 03:    99999999      +999999999.99    REASON 1469 FOR 09:  99999999      +999999999.99
                    NON-NCCI TOTAL QUARTERLY SAVINGS AMOUNT:                $+999,999,999.99

 REASON 1596 FOR 03:    99999999      +999999999.99    REASON 1596 FOR 09:  99999999      +999999999.99 <-- NEW PTP CODE
 REASON 1597 FOR 03:    99999999      +999999999.99    REASON 1597 FOR 09:  99999999      +999999999.99 <-- NEW MUE CODE
                     NCCI TOTAL QUARTERLY SAVINGS AMOUNT:                   $+999,999,999.99

                     GRAND TOTAL QUARTERLY SAVINGS AMOUNT:                  $+999,999,999.99


SUMMARY TOTALS FOR CMS QUAERTERLY REPORTING:

PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
PTP SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
PTP SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99

MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
MUE SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
01	# CLAIMS	Calculated	DE0002	Number of claims for each reason code for the day.
02	DOLLARS	Calculated	DE0002	Total savings dollar amount for each reason code for the day. This will include savings for voided, denied, reduced paid and fully paid claims.
03	NON-NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NON-NCCI claims for the day.
04	NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NCCI claims for the day.
05	GRAND TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of NON-NCCI and NCCI Savings for the day.
06	PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI PTP denial.
07	PTP SAVINGS-OUTPATIENT HOSPITAL SERVICES	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI PTP denial.
08	PTP SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI PTP denial.

09	MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI MUE denial.
10	MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI MUE denial.
11	MUE SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI MUE denial.

Output Reports RF-O-869 Outpatient EAPG Quarterly Savings Summary Report

General Information

This report prints a summary listing of Outpatient EAPG claims activity for current processing quarter.

Subsystem:	Claims
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	VAMMIS
Program:	Outpatient EAPG Quarterly Savings Report (CPR869)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

OUTPATIENT EAPG QUARTERLY SAVINGS REPORT (CP-O-869)

```
CPR869                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    CP-O-869
AS OF: 99/99/9999                                                                                           PAGE NUMBER:         9
RUN DATE: 99/99/9999 99:99                     QUARTERLY EAPG NCCI AND NON-NCCI SAVINGS

                        # CLAIMS        DOLLARS                            # CLAIMS          DOLLARS

 REASON 0329 FOR 03:    99999999      +999999999.99    REASON 0329 FOR 09:  99999999      +999999999.99
 REASON 0331 FOR 03:    99999999      +999999999.99    REASON 0331 FOR 09:  99999999      +999999999.99
 REASON 0332 FOR 03:    99999999      +999999999.99    REASON 0332 FOR 09:  99999999      +999999999.99
 REASON 0333 FOR 03:    99999999      +999999999.99    REASON 0333 FOR 09:  99999999      +999999999.99
 REASON 0334 FOR 03:    99999999      +999999999.99    REASON 0334 FOR 09:  99999999      +999999999.99
 REASON 0335 FOR 03:    99999999      +999999999.99    REASON 0335 FOR 09:  99999999      +999999999.99
 REASON 0336 FOR 03:    99999999      +999999999.99    REASON 0336 FOR 09:  99999999      +999999999.99
 REASON 1090 FOR 03:    99999999      +999999999.99    REASON 1090 FOR 09:  99999999      +999999999.99
 REASON 1091 FOR 03:    99999999      +999999999.99    REASON 1091 FOR 09:  99999999      +999999999.99
 REASON 1096 FOR 03:    99999999      +999999999.99    REASON 1096 FOR 09:  99999999      +999999999.99
 REASON 1097 FOR 03:    99999999      +999999999.99    REASON 1097 FOR 09:  99999999      +999999999.99
 REASON 1267 FOR 03:    99999999      +999999999.99    REASON 1267 FOR 09:  99999999      +999999999.99
 REASON 1268 FOR 03:    99999999      +999999999.99    REASON 1268 FOR 09:  99999999      +999999999.99
 REASON 1269 FOR 03:    99999999      +999999999.99    REASON 1269 FOR 09:  99999999      +999999999.99
 REASON 1315 FOR 03:    99999999      +999999999.99    REASON 1315 FOR 09:  99999999      +999999999.99
 REASON 1334 FOR 03:    99999999      +999999999.99    REASON 1334 FOR 09:  99999999      +999999999.99
 REASON 1451 FOR 03:    99999999      +999999999.99    REASON 1451 FOR 09:  99999999      +999999999.99
 REASON 1452 FOR 03:    99999999      +999999999.99    REASON 1452 FOR 09:  99999999      +999999999.99
 REASON 1469 FOR 03:    99999999      +999999999.99    REASON 1469 FOR 09:  99999999      +999999999.99
                   NON-NCCI TOTAL QUARTERLY SAVINGS AMOUNT:                $+999,999,999.99

 REASON 1596 FOR 03:    99999999      +999999999.99    REASON 1596 FOR 09:  99999999      +999999999.99 <-- NEW PTP CODE
 REASON 1597 FOR 03:    99999999      +999999999.99    REASON 1597 FOR 09:  99999999      +999999999.99 <-- NEW MUE CODE
                    NCCI TOTAL QUARTERLY SAVINGS AMOUNT:                   $+999,999,999.99

                    GRAND TOTAL QUARTERLY SAVINGS AMOUNT:                  $+999,999,999.99


SUMMARY TOTALS FOR CMS QUAERTERLY REPORTING:

PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
PTP SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
PTP SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99

MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES:  $+999,999,999.99
MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES:                        $+999,999,999.99
MUE SAVINGS-DURABLE MEDICAL EQUIPMENT:                           $+999,999,999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
01	# CLAIMS	Calculated	DE0002	Number of claims for each reason code for the day.
02	DOLLARS	Calculated	DE0002	Total savings dollar amount for each reason code for the day. This will include savings for voided, denied, reduced paid and fully paid claims.
03	NON-NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NON-NCCI claims for the day.
04	NCCI TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of savings for all NCCI claims for the day.
05	GRAND TOTAL DAILY SAVINGS AMOUNT	Calculated	DE0002	Sum of NON-NCCI and NCCI Savings for the day.
06	PTP SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI PTP denial.
07	PTP SAVINGS-OUTPATIENT HOSPITAL SERVICES	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI PTP denial.
08	PTP SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI PTP denial.

09	MUE SAVINGS-PRACTITIONER & AMBULATORY SURGICAL CENTER SERVICES	Calculated	DE0002	Sum of savings for Practitioner and ASC Services relating to NCCI MUE denial.
10	MUE SAVINGS-OUTPATIENT HOSPITAL SERVICES	Calculated	DE0002	Sum of savings for Outpatient Hospital Services relating to NCCI MUE denial.
11	MUE SAVINGS-DURABLE MEDICAL EQUIPMENT	Calculated	DE0002	Sum of savings for Durable Medical Equipment relating to NCCI MUE denial.

Output Reports RF-O-900 Letter Print Update Control Report

General Information

Control Totals of the physically printed letters requested from all MMIS subsystems.

Subsystem:	Reference
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DARS
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	Subsystem

Letter Print Update Control Report (RF-O-900)

```
RFD900                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                                   LETTER PRINT CONTROL REPORT                              PAG
RUN DATE: MM/DD/CCYY HH:MM
                        (1)
SUBSYSTEM NAME :  XXXXXXXXXX

     LETTER TYPE  DESCRIPTION                                        NO. OF RECS READ   LETTERS WRITTEN   LETTERS RE
       (2)                        (3)                                      (4)               (5)               (6)
     XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ


     CONTROL TOTAL                                                   ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ
```

```
RFD900                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                                   LETTER PRINT CONTROL REPORT                              PAG
RUN DATE: MM/DD/CCYY HH:MM                       SUMMARY TOTAL BASED ON SUBSYSTEMS

                SUBSYSTEM      NO. OF RECS READ   LETTERS WRITTEN   LETTERS REJECTED
                  (7)               (4)               (5)               (6)
                XXXXXXXXXX       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9


                CONTROL TOTAL    ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9       ZZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SUBSYSTEM NAME	Calculated	DE0002	Value depends on the Letter Subsystem Owner (DE 0014) in the RFF902 file: PROVIDER (if 'PR'), RECIPIENT (if 'RS'), FINANCE (if 'FN' or 'AS'), EPSDT (if 'EP' or 'MI'), CLAIMS (if 'CL'), SURS (if 'SU')
2	LETTER TYPE	Correspondence Output Identifier	DE3905	
3	DESCRIPTION	Description	DE3907	
4	NO. OF RECS READ	Calculated	DE0002	Total number of requested letters.
5	LETTERS WRITTEN	Calculated	DE0002	Total number of printed letters.
6	LETTERS REJECTED	Calculated	DE0002	Total number of rejected letters.
7	SUBSYSTEM	Calculated	DE0002	Value depends on the Letter Sub-

				system Owner in the RFF902 file: PROVIDER (if 'PR'), RECIPIENT (if 'RS'), FINANCE (if 'FN' or 'AS'), EPSDT (if 'EP' or 'MI'), CLAIMS (if 'CL'), SURS (if 'SU')

Output Reports RF-O-901 Letter Outputs

General Information

This is the control/error report produced by program RFR900 which is processed on request to update the production Letter Text File (RF-F-900) with new, modified, or deleted letters. The report indicates what letter ids were processed, their status (updated, added, or deleted), and any errors that may have occurred.

Subsystem:	Reference
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	LETTER TEXT UPDATE (RFR900) (RFR900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Letter Outputs (RF-O-901)

```
RFR900      99/99/9999 99:99:99     VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  REP
AS OF:99/99/9999                       LETTER TEXT CHANGE CONTROL AND ERROR REPORT
RUN DATE: 99/99/9999 99:99

 (1) LETTER ID    (2) PROCESS STATIS ID            (3) ERROR DESCRIPTION

    XXXXXX           XXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXX
    XXXXXX           XXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXX
    XXXXXX           XXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXX
    XXXXXX           XXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXX
    XXXXXX           XXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXX


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter ID	Correspondence Output Identifier	DE3905	The ID of the letter being updated, added, or deleted.
2	Process Status	Correspondence Variable Data	DE3987	
3	Error Description	Correspondence Variable Data	DE3987	

Output Reports RF-O-902 Letter Print Error Report

General Information

This is the error report produced by program RFD900 which is run daily at the end of the batch work to process and physically print all of the letter requests from all of the sub-systems within the MMIS. It reports the correspondence ID, the provider ID, the reason the letter was not produced, and the date the error occurred. There is also a place for corrective action to be written.

Subsystem:	Reference
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Letter Print Error Report (RF-O-902)

```
RFD900     99/99/9999 99:99:99       VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES            REPORT
AS OF:99/99/9999                                LETTER PRINT ERROR REPORT                          PAGE
RUN DATE: 99/99/9999 99:99

   (1)CORRESP ID (2)PROVIDER ID          (3)  REASON FOR REJECTING THE RECORD                        (4)

     XXXXXX       999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

          (5)  CORRECTIVE ACTION:        ____________________________________________________________

     XXXXX        999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CORRECTIVE ACTION:     ____________________________________________________________

     XXXXXX       999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CORRECTIVE ACTION:     ____________________________________________________________

     XXXXXX       999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CORRECTIVE ACTION:     ____________________________________________________________

     XXXXXX       999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CORRECTIVE ACTION:     ____________________________________________________________

     XXXXXX       999999999              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                  CORRECTIVE ACTION:     ____________________________________________________________
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Correspondence ID	Correspondence Identifier	DE3906	
2	Provider ID	Provider Identification Number	DE4002	
3	Rejection Reason	Correspondence Variable Data	DE3987	
4	Occurrence Date	Calculated	DE0002	
5	Corrective Action	Correspondence Variable Data	DE3987	

Output Reports RF-O-950 Letter Print Control Report

General Information

This report reports the total number of letters and total number of pages for each letter id produced. It also gives the grand total number of letters and pages written.

Subsystem:	Reference
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	OnDemand
Program:	Letter Consolidation (RFD950)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Letter Print Control Report (RF-O-950)

```
RFD950     99/99/9999 99:99:99         VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES       REPORT
AS OF:99/99/9999                                LETTER PRINT CONTROL REPORT                     PAGE N
RUN DATE: 06/28/2009 99:99

    (1)LETTER ID  (2)DESCRIPTION                                                    (3)LETTERS WRITTEN
      ---------     -----------                                                       ---------------

      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9
      XXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     Z,ZZ,ZZZ,ZZ9


      TOTALS                                                                           Z,ZZ,ZZZ,ZZ9


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter ID	Correspondence Output Identifier	DE3905	The id of the letter being produced.
2	Letter Description	Description	DE3907	
3	Letters Written	Calculated	DE0002	The total number of letters written for each letter ID and the grand total of letters written for all letter IDs.
4	Pages Written	Calculated	DE0002	The total number of pages written for each letter ID and the grand total of pages written for all letter IDs.